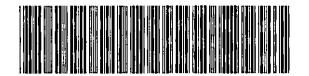
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
Leantre Gircia
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SEP 2 9 2020 I ALBRITTON

TO: Registration Section Division of Corporations	
SUBJECT: Maximo Pen	OVATION LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	<u>-</u>
Please return all correspondence concerning this matter	to the following:
Lean	Name of Person
Maximo	Renovation, LC Firm/Company
6003 N	I Idewild Ave
Tampa	FL 33034 City/State and Zip Code
Leandon F-mail address:	(1d be used for future annual report hotification)
For further information concerning this matter, please of	)
Leandro Garcia Name of Person	at (813) 445 - 0480  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Boxed{\subset}\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Maximo Renovati	on UC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it how appears on o ability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company volument number <u>L2000\8\3\8</u> .	were filed on(Q)	29/2020	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	tion "LLC" or the abb	reviation "I	.L.C."
Enter new principal offices address, if applicable:	,			
Principal office address MUST BE A STREET ADDRESS)			- 2	
			70	
Enter new mailing address, if applicable:			0.1	•
Mailing address MAY BE A POST OFFICE BOX				
			Ö	
			27	<del></del>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our record	ls, <u>enter the name</u>	of the ne	w registere
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
	Enter Florida str	reet address		
<del> </del>		, Florida		<del></del>
	City		Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leandro Garcia	6003 W. Idlewild Ave	□Add
		Tampa, FL 33634	Remove
AMBR	Leandro Garcia	6003 W. Idlewild Ave	\$\footnote{\dagger} Add
		Tampa, FL 33634	□Remove
			Change
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(If an effective Note: I	re date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July 31 2020.
	Signature of a member or authorized representative of a member