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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

Registration Section Division of Corporations

	nhancements, LLC					
SUBJECT:;	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Mark and Collette Opperm	ann				
		Name of Person				
		Firm/Company		_		
	6506 Appaloosa Dr,					
		Address				
	Tampa. Fl 33625			_		
		City/State and Zip Code		35.0r	2020 JUL 31	
	E-mail address: (to be used for future annual report notif	lication)	100 mm	<u>]</u>	- 47
For further information c	oncerning this matter, please co	all:		S if I	$\frac{\omega}{2}$	
Collette Oppermann		813 454-1434 at ()		69.00 (32.00)	PH 5:	A STATE OF THE PERSON NAMED IN COLUMN TO PER
Name o	f Person	Area Code Daytim	e Telephone Numbo	图图	. 56	
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations			
Tallahassee, I		2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 6, 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ., Florida _ City

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

Maximal Enhancements, LLC

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Oppermann	6506 Appaloosa Dr. Tampa, Fl 33625	≣Add
			□Remove
			☐ Change
			□ Add
			□Remove
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n effective date is li ote: If the date in	other than the date sted, the date must be sp serted in this block do to date on the Departn	ecific and can ses not meet	the applical	o date of filing the statutory	or more than filling requir	(optic 90 days after ements, this	filing.) Pur	: 56	605.02
is filed.	delayed effective date	, but not an	effective tim	ne, at 12:01 a	a.m. on the ea	arlier of: (b) The 90	th day :	after the
ated July 29	1 011		.020	_ •					
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