## 120000 296829

	nuncted Name	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	ESTMENTS L.L.C.	•	•
SUBJECT:	Name of Limi	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:	
	Francis X, Mendez, Esq		
		Name of Person	
Division of Corporations    NAMN INVESTMENTS L.L.C.			
		Firm/Company	
	202 Lookout Place, Suite 2	00	
	Division of Corporations    NAMN INVESTMENTS L.L.C.     Name of Limited Liability Company		
	Maitland, FL 32751		
		City/State and Zip Code	
		. L	(Continu)
For further information c			(Headon)
Francis Mendez			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	Corporations	Division of Co	rporations

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAMN INVESTMENTS L.L.C.		are mainleade to
(Name of the Limited Liability Comp (A Florida Limited	рапу ав и по <u>w appears on o</u> d Liability Company)	ur records.
The Articles of Organization for this Limited Liability Companion document number $\frac{1.20000296829}{1.20000296829}$	ly were filed on $\frac{9/17/202}{}$	l and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
tailing Max, L.L.C		
he new name must be distinguishable and contain the words "Limited Lial	bility Company." the designa	tion "L.L.C" 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)	<del></del>	
	<u></u>	
3. If amending the registered agent and/or registered office	e address on our record	ls, enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	LARGE F CON CREESE	
<del></del>		, Florida 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

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
			□Add
			□Remove
			Change
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			□Change

f amending any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)	•
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an effective date is listed.   <mark>ote:</mark> If the date inserte	r than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant ed in this block does not meet the applicable statutory filing requirements, this date will not attend the Department of State's records.	t to 605,0207 ( be listed as t
record specifies a delay Lis filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ny after the
ated	· 2021	
	Signature of a member or authorized representative of a member	<del></del>
	HARCO HUSCIA	
<del></del>	Typed or printed name of signee	