KACCCC 392771

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12/27/21--01949--016 **30.00



A. BUTLER JAN 12 2022

COVER LETTER

Division of Corp	porations			
SUBJECT: MAXIM	e Levene Eve Name of Limit	N S L C ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Maxine Level	Name of Person		
	Maxine Ma	Ke5 LLC Firm/Company		
	13380 Ponder	OSA WAY Address		
	Fort Myers,	•		
	Maxine levene E-mail address: (4	966 amail. Cos o be used tor) future annual re	mort notification)	
For further information co	oncerning this matter, please ca	ill:		
Maxine Leve Name of	Person	at (<u>) 39</u>) 84 Area Code	<u>A 1 ~ 0333</u> Daytime Telephol	ne Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maxine Levene Eve	ents	LLC	2027 EEC 27 5- 12
Maxine Levene Evene (Name of the Limited Liability (A Florid	lity Compa la Limited I	i <mark>ny as it now ap</mark> Liability Compa	ppears on our records.) sany)
The Articles of Organization for this Limited Liability (Florida document number <u>L 20000383771</u>	Сотрал у 	were filed or	on $\frac{12/08/2020}{\text{and assigned}}$
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liab	ility compan	ny here:
Maxine Makes LLC			
The new name must be distinguishable and contain the words "Lir	mited Liabil	lity Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		13380	O Penderosa way
(Principal office address MUST BE A STREET ADD	RESS)	Fortr	Myers, FL 33901
Enter new mailing address, if applicable:		13380	Myers, Fl 33907
(Mailing address MAY BE A POST OFFICE BOX)		Fort	Myers, F1 33907
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		address on o	our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:			
New Registered Office Address: 133	380 \	PONDEV Enter	er Florida street address
FO	rt M		Florida 33907 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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			□Change
	··············		🗆 Add
			□Remove
			□Change

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if an ci <u>Note:</u>	five date, if other than the date of filing: [Coptional] [Coptional]
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Mayuré Jurent Signature of a member or authorized representative of a member
	Manini Hugul