## 121000013225

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## COVER LETTER

FO: Registration Section Division of Corp				
Max-C Dryw	rall L1.C			
SUBJECT:	Name of Limit	ed Liability Company		
	10 10 11	Stand for Winn		
	Amendment and fee(s) are subm			
Please return all correspor	idence concerning this matter to	the following:		
	Miguel Isai Morales			
		Name of Person		
	Max-C Drywall LLC			
		Firm/Company		
	7852 Hart DR			
		Address		
	North Fort Myers, FL 3391	7		
		City/State and Zip Code		
	maxcdrywall@gmail.com	u be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca			
Miguel Isai Morales		239 245-1959		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
<b>≘</b> \$25.00 Fiting Fee	S30.00 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration S		
Division of C P.O. Box 633	Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 63. Tallahassee.		2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAY 10 PH 12: 45

Max-C Drywall LLC

company has been notified in writing of this change.

(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  $\frac{01/04/2021}{1}$ and assigned Florida document number <u>L21000013225</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Max-C Construction LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 \_\_\_ Citr 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

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
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			2022 MAY
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Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Di	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 days a	ntional) fler filing.) Pursuant to 605 0207 this date will not be listed as
e record specifies a delayed effectived is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of	(b) The 90th day after the
May 2nd	2022	.•	
Dated May 2nd	11,		
Dated May 2nd	Signature of a member or authority	zed representative of a member	

Filing Fee: \$25.00