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2022 AUG 18 PH 3: 16 SECRETARY OF STATE TALLAHASSEE, FL

TITO

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOR MAX Enterprises LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darleen Crochiere Name of Person
DAR MAX Enterprises LLC Firm Company
1454 SW Sudder Ave
Part St Lucie FL 34953 City/State and Zip Code
Mrsmi 2@ aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Darleen Crockiere at (772) 979-3854 Name of Person at (772) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dd-R Max Enterpri (Name of the Limited Liability Compa (A Florida Limited I	Se S	LIC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now apportant	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2100061135}{}$.	were filed on _	2/12/200	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			SEC F
Enter new mailing address, if applicable:			RETARY OF ST
(Mailing address MAY BE A POST OFFICE BOX)			STATE OF
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in thi performance provided for it	of my duties, and 1 i Chapter 605, F.S.	am familiar with and Or, if this document is

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	Robert Stevens	1454 SW Sodder Ave	□ Add
		Port St Lucie FL 3495	3_ ⊠ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		*****	□Remove
			□Change
			□Add
			□Remove
			⊟Change
			□Add
			□Remove
			Change

	D&R Max Enterprises LLC is a Sole Proprietorship
	Pleuse update Spelling of first name Should Be. Darleen
-	
-	
-	
-	
an eff ote:	ive date, if other than the date of filing:
recor Lis ti	d 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 led.
ated	august 15. 3022. Dailer Muchice Signature of a member or authorized representative of a member
	(h) $h = (h \cdot h)$

Filing Fee: \$25.00