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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	:CT:	Maximo Name of Lim	Service Project	- <u>C</u>	
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Gary	M.A. Fowler Name of Person		
		Maxin	NO Service Pro	o, UC	
		3431	ake Annie Dr		
		Apop	Ker FC 325 City/State and Zip Code	703	
		E-mail address: (to be used for future annual report note	gnail.ci	M
For fur	ther information co	oncerning this matter, please c	all:		
	Jary M. I	A. Fowler Person	at (<u>&7&)</u>	- 8409 e Telephone Number	
Enclose	ed is a check for th	e following amount:			
200	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	TH ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maximo	Service Pro LL	<u>C</u>
(<u>Name of the Limited List</u> (A Flor	oility Company as it now appears on our re ida Limited Liability Company}	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2100013644</u>	Company were filed on $\frac{3(23)}{1}$.	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe:		nter 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 ad	ldress
<u> </u>		, Florida
	Cuy	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 gomply 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 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 Title Name Address Type of Action Gary M. A. Fowler 343. Lake Annie Dr DAdd

Apopka FL 32703 DRemove YiChange title _____ □Change ______ □Remove ________________________________ □ Change ______ DRemove _____ □Change _____D □ Add; 7 <u>~ S</u> ⊟Remove

			 			
						
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fective date, if other to effective date is listed, the date inserted cument's effective date	e date must be specif in this block does	ic and cannot be prior t not meet the applica	to date of filing or n	ore than 90 days after	t ional) er tiling.) Pursuar tis date will not	nt to 605,020° be listed as
ecord specifies a delayed is filed.	d effective date, bu	n not an effective tin	ne, at 12:01 a.m.	on the earlier of: (,	,
ed April 23	nd ————	2021	_·		W. A.P. 26	
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1	Signature	of a member or author	nzed representative	of a member	6	