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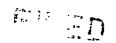
	egistration Se ivision of Cor		, .		
end tea		X APARTMENTS LLC			
SUBJECT	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	endence concerning this matter	to the following:		
		FLORENCIA BECERRA			
	Name of Person BLUE-MAX APARTMENTS LLC Firm/Company				
		BLUE-MAX APARTMEN	NTS LLC		
			Firm/Company		
		18081 BISCAYNE BLVD	#1605		
			Address		
		AVENTURA, FL 3316			
			City/State and Zip Code		
		florenciab25@hotmail.com			
			to be used for future annual report no	tification)	
For further	information c	oncerning this matter, please co	all:		
FLOREN	CIA BECERR	A	305 726-7171		
	Name o	f Person		me Telephone Number	
Enclosed is	s a check for th	ne 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)	
R	lailing Addres	Section	Street Address: Registration S		
	ivision of C .O. Box 632	•	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE-MAX APARTMENTS LLC

2022 JUL 25 PH 3: 54

(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 $\underline{}^{06/03/2021}$ Florida document number ______L21000258363 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	INMOBILIARIE LLC	18081 BISCAYNE BLVD SUITE 1605	
		AVENTURA, FL 33160	≡ Remove
			□Change
			□Add
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Effective date if when they the	. d.a. «C.Cii——	_		(. A	
Effective date, if other than the if an effective date is listed, the date mention of the date inserted in this bedocument's effective date on the light	olock does not m	eet the applica	o date of filing or m ble statutory filin	ore than 90 days a g requirements.	fter filing.) Pursuant (this date will not b	to 605.0207 (e listed as t
e record specifies a delayed effecti rd is filed.	ve date, but not a	an effective tin	ne, at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
Dated July 20		2022				
	<u> </u>		_ ·			
At town	ille / Die	endi				
- Horien	Signature of a m	ember or author	ized representative	of a member		

Filing Fee: \$25.00