121000299754

(Requ	restor's Name)	
(Addr	ess)	
(Address)		
(City/s	State/Zip/Phone #)	
PICK-UP	MAIT WAIT	MAIL
(Busin	ness Entity Name)	
(555).	tood Entity Frame,	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer:	
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U		
	Office Use Only	



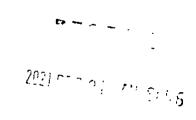
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T. MATTHEWS

JAN 1 1 2022





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2021

MAX F. PREDELUS 851 NE 137TH ST NORTH MIAMI, FL 33161

SUBJECT: MPR MAX LLC Ref. Number: L21000299754

We have received your document for MPR MAX LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00029104

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT:	PR Max Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
	ndence concerning this matter t		
,		^	
	Max_	F. Fredel Name of Person	US
	MPR	Max LUC	
	851 1	NE 137+V	St.
N	oah Miami Francele	Ft. 3314 Clty/State and Zip Code +0vedelus 1	21 Lagnail, con
· Autoria		•	icadon)
or further information co	oncerning this matter, please ca		_
max tr	eaplus	a (786) 4 t 3	3-0675
Name o	f Person	Area Code Daytime	: Telephone Number
inclosed is a check for th	ne following amount:		
□ \$25.00 Filing 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)
Mailing Addres	×·	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

MPR mai	x.UC	/	21 (50,000)	∵, 3: 06
(Name of the Limit	ed Liability Company (A Florida Limited Liab	a <u>s it now ap</u> odity Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L. Florida document number	iability Company we	ere filed on	<u>(e/29/2e</u>	Hand assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y compan	<u>y here</u> :	
The new name must be distinguishable and contain the w Enter new principal offices address, if applie (Principal office address MUST BE A STREE	able: _	Company,"	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	= <u>BOX)</u> = =			
B. If amending the registered agent and/or r agent and/or the new registered office addres		lress on o	ur records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Max	Ŧ.	Predelu	<u>S</u>
New Registered Office Address:		<i>V</i>		
		Enler	Florida street address	
		City	, Florida	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.

hanging 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
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
mumme was incorrectly written.
I have withen my name in
1) Sold Sold Sold Sold Sold Sold Sold Sold
the line of legisteria sugeru.
max F. Predelis
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be frior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated $1 - 9 - 21$
Signature of a member or authorized representative of a member
Max F. Reped of printed name of signee