L21000423635

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CELVED NAMED



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/08/2023	_			⇔WALK IN
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ENTITY NAME WAX	OUT CREATIVE LLC			
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*	*PLEASE OBTAIN THE FOLLOW	WING FOR THE ABOVE	E ENTITY**	10
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	Certified Copy of Arts & A	mendments		
	Certificate of Good Standing			
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NUMBER OF CERTIFICA	ATES REQUESTED			
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teuse cutt tha at	the above number for any	issues or concerns.	i mun you so	macro;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX OUT CREATIVE LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 09/27/2021	and assi	gned
Florida document number 1.21000423635			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:		19	
(Principal office address MUST BE A STREET ADDRESS)		· 	
			<u>. </u>
Enter new mailing address, if applicable:			! <u>{</u>
Mailing address MAY BE A POST OFFICE BOX)			
		- M N	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	nter the name of the new	re
Name of New Registered Agent:			
New Registered Office Address:	e el el		<u> </u>
	Enter Florida street aa	utress	
<u> </u>		, FloridaZip Code	
	City	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.

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
MGRM	Max Bumgardner	5435 SUMMERLAND HILLS DR	
		LAKELAND, FL 33812	■Remove
			□Change
MGR	Max Bumgardner	4313 S Florida Ave, 1120 Lakeland, FL 33813	■Add
			Remove
			□Change
AMBR	Max Brook Bumgardner	5435 Summerland Hills Dr. Lakeland, FL 33812	🗏 Add
			[]Remove
AMBR	Christine M Bumgardner	5435 Summerland Hills Dr. Lakeland, FL 33812	= Add
			□Remove
			□Change
		_	□Add
			☐Remove
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		FL	Remove _ □Change

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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	
	(b) The 90th day after
s filed.	
July 18th 2023	
ed July 18th	
/s/ Max Brook Bumgardner	
Signature of a member or authorized representative of a member	
Max Brook Bumgardner	

Filing Fee: \$25.00