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(Address)

(Address)

(City/State/Zip/Phone #)

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05/23/24- 03:10:51 PM -04:00

FILED  
24 MAY 23 PM 1:19  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

Registration Section  
Division of Corporations

SUBJECT: Nilux Experiences LLC

Name of Limited Liability Company

Amended Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luz marina Saucedo

Name of Person



Print/Company

2621 Summer Creek Dr

Address

Kissimmee, Florida, 34747

City/State and Zip Code

Niluxexperiences@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luz marina Saucedo

Name of Person

at ( 845 )

Area Code

4760264

Daytime Telephone Number

Enclosed is a check for the 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)

Mail to:  
Registration Section  
Division of Corporations  
P.O. BOX 6527  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION  
OF

Max Experiences LLC

(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 05/17/2024 and assigned

Florida document number 87-3892530.

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)

FILED  
24 MAY 23 PM 1:19  
STATE  
OFFICE  
FLORIDA

**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*

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicholas Perez	2621 Summer Creek Dr.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated 05/17/2024.

for Sancedo  
Typed or printed name of signer