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D. BRUCE FEB 25 2022

COVER LETTER

TO:	Registration Security Division of Cor		•			
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CLID IC	CT: <u>MAXPOLY</u>	/ L C	•	•		
SUBJE	CI: MAXIOU	Name of Limi	ted Liability Company			
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		RODRIGO P SILVA				
			Name of Person			
		RS ACCOUNTING AND	TAX SERVICES INC			
			Firm/Company			
		10 FAIRWAY DRIVE ST	E 201A			
			Address			
		DEEDELEI D DEACH EI	22441			
		DEERFIELD BEACH, FL	City/State and Zip Code			
		INFO@SERVSILVA.COM	I			
		E-mail address: (to be used for future annual repo	rt notification)		
For furt	her information c	oncerning this matter, please ca	all:		202	
		•				1
RODR	IGO P SILVA		at (954) 218-65	609		. ** 1 WA
		f Person		aytime Telephone Number	事意 一	1
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Enclose	d is a check for th	ne following amount:			구설 5	
3 \$25	0.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Fil	ling Fee, te of Status &	
		Certificate of Status	Certified Copy (additional copy is enclosed			
			(20000000000000000000000000000000000000		copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXPOLY LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>01/14/2022</u>	and assigned
Florida document number <u>L22000030416</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 acagent and/or the new registered office address here:	ddress on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		70 m
	Enter Florida street address	55 CD
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I crovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
AMBR	ALEXANDRE REIS FRANCA	10 FAIRWAY DRIVE SUITE 201A DEERFIELD	<u>BE</u> . ■ Add
			Remove
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific is block does n	e and cannot be pri- not meet the appl	or to date of filing icable statutory	or more than 90 da filing requiremen	iys after filing.)	Pursuant to 605.0; will not be listed	207 (3 I as th
e record specifies a delayed efford is filed.	ective date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The	: 90th day after t	he
Dated FEBRUARY 10			·				
		\$					
	<u> </u>			ative of a member			