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SECKLINION OF STATE
TALLAHASSEE, FL

COVER LETTER

	Registration Sec Division of Corp						
	PLUSMAX	77, LLC .					
SUBJEC	:T:	Name of Limit	ed Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Please re	turn all correspor	ndence concerning this matter to	o the following:				
		Maria Gonzalez					
			Name of Person				
			Firm/Company	_ _			
		3721 sw 128 avenue					
			Address				
		Miami, FL, 33175					
		City/State and Zip Code					
		GMCAPB@yahoo.com E-mail address: (to be used for future annual report notification)					
For furth	ner information co	oncerning this matter, please ca	•				
Maria G			305 300-2005 at ()				
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclosed	d 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

FILED

PLUSMAX 77, LLC

2022 JUN -7 PM 3: 12

(Name of the Limited Liability Company as it now appears on our records.) AHASSEF ENERGY (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/11/2022}{}$ and assigned 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." 4907 PALM WAY Enter new principal offices address, if applicable: LAKE WORTH, FL 33463 (Principal office address MUST BE A STREET ADDRESS) 4907 PALM WAY Enter new mailing address, if applicable: LAKE WORTH, FL 33463 (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 _, 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.

Cire

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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Effective date, if other than the	date of filling:	be prior to date of fil	ling or more than 90 days	optional) after filing.) Pursuant	to 605.0207 /:
Note: If the date inserted in this b document's effective date on the D	Over DOCT HOU BIRCH TH	c applicable statistic	ITY ITHINK ICCUMENT	s, this date will not l	be listed as th
e record specifies a delayed effectived is filed.	e date, but not an effe	òctive time, at 12:0	H a.m. on the earlier o	of: (b) The 90th da	y after the
Dated APRIL 28	2022	!			
	MIL	ate			
	1001				
	Signature of a member	00 mm	antation of a		

Filing Fee: \$25.00