

L22000322528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

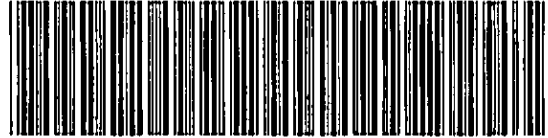
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max Capital Service Group LLC
Name of Limited Liability Company

The enclosed Article(s) of Amendment and List(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrence Samuels
Name of Person

Max Capital Service Group LLC
Entity Company

420 N. Halifax Avenue
Address

Daytona Beach, FL 32118
City, State and Zip Code



Teesamuels@gmail.com
E-mail address (to be used for future Emergency Report notification)

For further information concerning this matter, please call:

Terrence Samuels
Name of Person

386
Area Code

315-0559
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 fee of \$15.00 per page)

☐ \$60.00 Filing Fee,

Certificate of Status &
Certified Copy
(additional 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

SECRET
TALLAHASSEE

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Max Capital Service Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida or non-Florida company)

The Articles of Organization for this Limited Liability Company were filed on July 20, 2022 and assigned Florida document number L22000322528.

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 "LLC."

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)

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:

Terrence Samuels

New Registered Office Address:

420 N. Halifax Avenue

(or Florida street address)

Daytona Beach

City

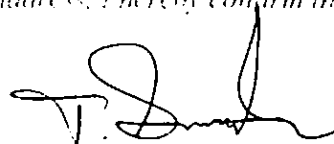
Florida

32118

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

Title	Name	Address	Type of Action
MGR	Terrence Samuels	420 N. Halifax Avenue	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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TALLIN

Note: If one has inserted in this block does not meet the applicable state or filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/31/22

Signature of the officer of an approved person

Signature of taxpayer or authorized representative of member

~~Terrence Samuels~~ / Terrence Samuels