L22000356739

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FALLAHASSEE, FLORO

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A. RAMSEY DEC -8 2022

COVER LETTER

TO: Registration Section

Division of Co	rporations		
	MAXWELL REAL ESTATE	LLC	
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ondence concerning this matter		
Please felum an corresp	ondence concerning this matter	to the toflowing.	
	MICHAEL GEMMELL		
		Name of Person	
	2010 SOLUTIONS INC		
		Firm/Company	
	565 JACKSON AVE STE	С	
		Address	
	SATELLITE BEACH FL	32937	
		City/State and Zip Code	
	mikege2010@msn.com	to be used for future annual report not	(Restion)
Can front on information	concerning this matter, please c		
	-		
MICHAEL GEMMELI		321 773-9516 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC -8 PM 12 35

DENISE A	MAXWELL	. REAL ESTATE LI	LC
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(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 Liabilit	y Company	were filed on AUG	UST 5, 2022	and assigned
Florida document number L22000356739				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here	<u>:</u> :	
DENISE A MAXWELL LLC				
The new name must be distinguishable and contain the words "	Limited Liabi	lity Company." the des	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME OFFICER		
(Principal office address MUST BE A STREET AL		7763 LOREN CO	VE DR	
		MELBOURNE FI	_ 32940	
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE BOX)	3			
muning numers man be at 1051 of the box	2			
B. If amending the registered agent and/or registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		address on our rec	ords, <u>enter the nan</u>	ne of the new registered
New Registered Office Address.		Enter Floria	a street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered aga provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete ed agent as p stered office	performance of n provided for in Ch	iy duties, and I am apter 605, F.S. Or	familiar with and , if this document is
	If Cha	nging Registered Agei	ot, Signature of New Ro	egistered Agent

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>	<u>Address</u>	Type of Action
MGRM	DENISE A MAXWELL	7763 LOREN COVE DR	🗆 🗆 Add
		MELBOURNE FL 32940	□Remove
		CHANGING SPELLING OF FIRST NAME-TYPO	☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change
			🗆 Add
			□Remove
			□Change

		
 		
		
		<u>.</u>
 		
	<u> </u>	
 		
		
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be	o 605.0207 e listed as
record specifics a delayed effective dais filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
NOVEMBER 4.	2022	
7 1		
62/1	1/1	_
Sig	enature of a member or authorized representative of a member	
MICHAEL S GEMMELL		
	Typed or printed name of signee	_

Filing Fee: \$25.00