

L22000495960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TO: Registration Section
Division of Corporations**

SUBJECT: TRANSFORMATIONAL TO THE MAX, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAXINE D MARTIN

Name of Person

TRANSFORMATIONAL TO THE MAX, LLC

Firm/Company

1030 SE 9TH AVENUE, NUM-150466

Address

CAPE CORAL, FL 33990

City/State and Zip Code

TRANSFORM2MAX@GMAIL.COM

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

For further information concerning this matter, please call:

MAXINE D MARTIN

941 777-5324

at (_____) _____

Name of Person

Area Code

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)

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRANSFORMATIONAL TO THE MAX, 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 11/21/2022 and assigned
Florida document number L22000495960.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRANSFORM2MAX, LLC.

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)

1030 SE 9TH AVENUE

NUM-150466

CAPE CORAL, FL 33990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL CENTRAL, 1030 SE 9TH AVENUE

P.O. BOX 150466

CAPE CORAL, FL. 33990

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

City

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

STATE OF FLORIDA

2025 FEB 27 0:12:02
 2025 FEB 27 0:12:02
 2025 FEB 27 0:12:02

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

Dated 2/18/2025 08:28 AM

Signature of a member on

Signature of a member or authorized representative of a member

Typed or printed name of signee