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Office Use Only



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(Table)

COVER LETTER

Division of Co					
MAX ELI	ECTRIC SOLUTIONS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MAY RODRIGUEZ				
	Name of Person				
	BEST TRANSPORT AND	CARRIER SERVICES INC			
Firm/Company					
	10200 NW 80TH AVE				
		Address			
	HIALEAH GARDENS FL	. 33016			
	bestcarrierservices@gmail.	City/State and Zip Code			
		to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
MAY RODRIGUEZ		786 597-0058 at ()			
Name	of Person	Area Code Daytim	e 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)		
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	etion 5		
Registration Section Division of Corporations		Division of Cor	porations		
P.O. Boy 63	1 77	The Centre of T	allahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX ELECTRIC SOLUTIONS I			
(<u>Name of the Limi</u>	Hed Liability Compar (A Florida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited L		were filed on $\frac{12/08/2022}{}$	and assigned
Florida document number 1.22000516582			
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		
<u>Principal office address MUST BE A STREE</u>	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or agent and/or the new registered office addre	• •	ddress on our records,	enter the name of the new registe
Name of New Registered Agent:	GABRIELA MA	ARTINEZ DE LA FUENT	'E
New Registered Office Address:	2075 SW 122 A	VE APT 121	
		Enter Florida street	oddress
	МІАМІ		Florida ³³¹⁷⁵
		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

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>	Address	Type of Action
MGR	ORLANDO J ACANDA GONZAI	2075 SW 122 AVE APT 121 MIAMI FL 33175	□Add
			≣Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
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