

L23000004383

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI MAXLIFE
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:

NCHE ZAMA
Name of Person

Miami Maxlife
Firm/Company

7201 COLLINS AVE. Suite 1601
Address

SUNNY ISLES. FLORIDA 33160
City/State and Zip Code

nchezama@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NCHE ZAMA
Name of Person

at (215)
Area Code

837 1032
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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Miami MaxLife

(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 12-29-2022 and assigned Florida document number L23000004383

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."

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)

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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:

NICHE ZAMA

New Registered Office Address:

(SAME)

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	NICHE ZAMA	17201 COLLINS AVE SUITE 1601 SUNNY ISLES, FL. 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
—	MANKAH ZAMA MITCHELL	17201 COLLINS AVE SUITE 1601 SUNNY ISLES, FL. 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	AHLEEA ZAMA	17201 COLLINS AVE SUITE 1601 SUNNY ISLES, FL. 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
—	—	—	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
—	—	—	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
—	—	—	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MANIKAH ZAMA MITCHELL RESIGNED FROM
MIAMI MAXLIFE AND HAS ZERO
OWNERSHIP OF MIAMI MAXLIFE

AHLEEA ZAMA HAS 50% OWNERSHIP OF
MIAMI MAXLIFE

NCHE ZAMA HAS 50% OWNERSHIP OF
MIAMI MAXLIFE

MANIKAH ZAMA MITCHELL and AHLEEA ZAMA
ARE MY DAUGHTERS

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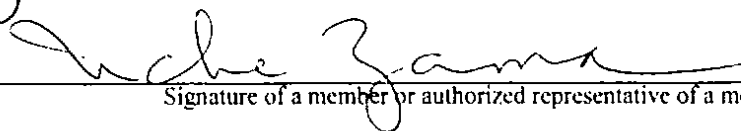
E. Effective date, if other than the date of filing: August 23, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 24, 2023.



Signature of a member or authorized representative of a member

NCHE ZAMA

Typed or printed name of signee