

L23000027103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

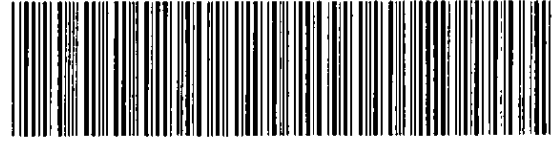
(Business Entity Name)

(Document Number)

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07/24/23--01014--015 **60.00

REC'D 20 11 50 17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxy Powers 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:

Daniel Fonseca
Name of Person

Maxy Powers LLC
Firm/Company

7855 NW 29th Street (Suite 190)
Address

Doral FL 33122
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Fonseca at (786) 509 91 77
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

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

Maxy Powers 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 01/12/2023 and assigned
Florida document number 92-191298-7

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)

7855 NW 29th street
Doral FL 33122, suite
190.

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:

Daniel J. Fonseca

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

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> <i>Business address.</i>	<u>Type of Action</u>
<u>Mngr</u>	<u>Yandi Gonzalez</u>	<u>① 7855 NW 29th Street</u>	<input type="checkbox"/> Add
		<u>Doral FL 33122 Suite</u>	<input checked="" type="checkbox"/> Remove
		<u>190. (Office location)</u>	<input type="checkbox"/> Change
		<i>Personal address.</i>	<input type="checkbox"/> Add
		<u>② 16354 SW 48th</u>	
		<u>Terrace (Home location)</u>	<input type="checkbox"/> Remove
		<u>Miami FL 33185.</u>	
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Yandi Gonzalez

is to be removed from any
position in Maxy pavers LLC.


E. Effective date, if other than the date of filing: 7/13/23 (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)(b)

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 07-13-2023.


Signature of a member or authorized representative of a member

Daniel J. Fonseca
Typed or printed name of signee

Date: 7/13/23

Partners of Maxy Pavers LLC

7855 NW 29TH , STREET, DORAL FL, 33122, SUITE 190

Phone: 786-642-6990

IEN NUMBER: 92-1912987

Johanna Arbelaez – Manager

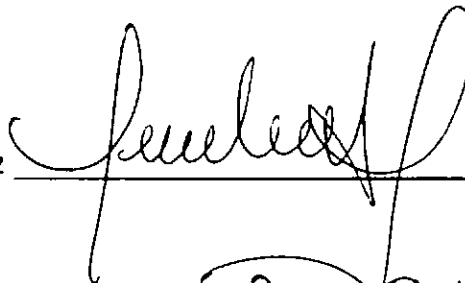
50% of Maxy Pavers LLC

Daniel J. Fonseca – Manager

50% of Maxy Pavers LLC

Signature Johanna Arbelaez

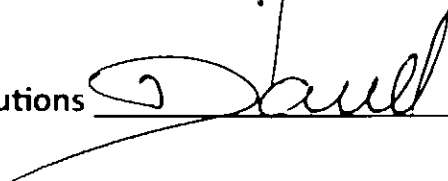
07/13/23



date

Signature Daniel Fonseca – DJF Solutions

07/13/23.



date