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COVER LETTER

Division of Co		•	
Max Brilor SUBJECT:	LLC		
ACDORCT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maxine Godfrey		
		Name of Person	
	Max Brilon LLC		
		Firm/Company	
	31324 Kirkshire Court		
		Address	
	Wesley Chapel FL 33543		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	maxbrilon8@gmail.com	to be used for future annual report no	
For further information c	oncerning this matter, please o	·	inteadonj
	oncertaing this matter, prease c		
Maxine Godfrey		516 815-7377 at () Area Code Daytin	
Name o	ř Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassec, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Max Brilon LLLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 8, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Max Brilon LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		202 SAL
	-	> = T
		IASS IASS
Enter new mailing address, if applicable:		SSE 15
(Mailing address MAY BE A POST OFFICE BOX)		
	 	3:
D. Idaa		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
agone activities new registered office address neve.		
North of Name David and American		
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 agre	e to act in this capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and complete j	verformance of my duties, and I an	i familiar with and
accept the obligations of my position as registered agent as p	rovided for in Chapter 605, F.S. O	r, 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 = Ma $AMBR = Au$	inager REMA- ithorized Member	INS THE SAME	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			∃Change
			□Add
			Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
•			□Add
			□Remove
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			Remove

_____ Change

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Note: If the date in	iserted in this block does no	of meet the applicable st	of filing or more than 90 days attory filing requirements	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
ocument's effectiv	ve date on the Department o	of State's records.		
	delayed effective date, but t	not an effective time, at	12:01 a.m. on the earlier o	f: (b) The 90th ay after the
				2023 55 Con 11 A
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WA.	ch 27	_, <u>2023</u>		SSEE
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