## L23000122145

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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
eun mear	Max Brilon	LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Maxine Godfrey		
			Name of Person	<del> </del>
		Max Brilon LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		31324 Kirkshire Court		
			Address	
		Wesley Chapel FL 33543		
			City/State and Zip Code	<del></del>
		info@maxxbrilon.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please ca	ill:	
Maxine Godfrey		516 815-7377 at ( )		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations			Division of Cor	
P.O. Box 6327		The Centre of 7	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 15 AM 8: 49

Max Brilon 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 March 8, 2023 Florida document number \_\_L23000122145 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) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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>	Name	Address	Type of Action
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			□Change
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ecord specifies a delayed effectivis filed.	e date, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th day	after the
October 8, ted	2024			
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Filing Fee: \$25.00