## L23000161165

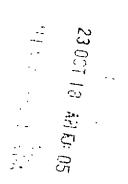
<del></del>	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	-
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
<u></u>	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	J. HORN	E
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

MADMAX SUBJECT:	RENTALS, LLC		3·	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Danielle L. Vaughn			
	<del></del>	Name of Person	<del></del>	
	Vaughn Law PLLC			
		Firm/Company	<del></del>	
	350 Corey Avenue			
	<del>-</del>	Address		
	St. Pete Beach, FL 33706			
		City/State and Zip Code	<del></del>	
	dv@dvaughnlaw.com			
	E-mail address: (	to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
Danielle L. Vaughn		727 223-6080		
Name of Person		Area Code Daytimo	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations  The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AME. TO ARTICLES OF ORGANIZATION OF Trecords:

MADMAX RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

iability Company w	ere filed on March 30, 2	and assigned
lowing:		
of the limited liabilit	y company here:	
words "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
cable:		<del></del> .
ET ADDRESS)	<u></u>	
-	<u> </u>	
-		
BOX)		
-	·-	
registered office add ess here:	iress on our records,	enter the name of the new registered
350 Corey Avenue	2	
Enter Florida street address		
St. Pete Beach		Florida <u>33706</u>
	City	Zip Code
	lowing:  of the limited liability words "Limited Liability cable:  ET ADDRESS)  registered office address here:  350 Corey Avenue	words "Limited Liability Company," the designation cable:  ET ADDRESS)  Registered office address on our records, ess here:  350 Corey Avenue  Enter Florida street St. Pete Beach

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 mv 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
			□Add
			□Remove
			□Change
	<del></del>	·	□Add
		<del></del>	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Remove
			Thance

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effect Note: If	e date, if other than the date of filing:
If the record s record is filed	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
Dated _	October 16, 2023.
	Signature of a member or authorized representative of a member
	Anjelle Lugh Andhorized representative