

L23000260892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

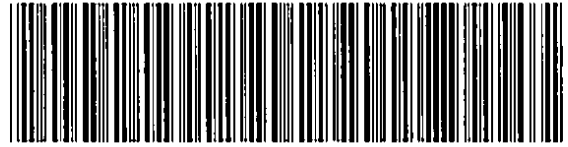
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TALLAHASSEE, FLORIDA

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08/23/23

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 08/23/2023**

**NAME: MAXFYX PRO LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAXFYX PRO 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:

\_\_\_\_\_  
Name of Person

MAXFYX PRO LLC

\_\_\_\_\_  
Firm/Company

6100 LAKE ELLENOR DR SUITE 151 #1431

\_\_\_\_\_  
Address

ORLANDO, FL 32809 ES

\_\_\_\_\_  
City/State and Zip Code

zamsolutions2978@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

MAXFYX PRO 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 05/30/2023 and assigned Florida document number L23000260892.

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)

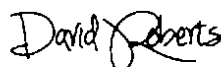
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:	<u>Registered Agents Inc</u>
New Registered Office Address:	<u>7901 4th St N STE 300</u>
	<i>Enter Florida street address</i>
	<u>St. Petersburg</u> , <u>Florida</u> <u>33702</u>
	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.*



David Roberts- Assistant Secretary

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>
AMBR	FREDDY M GUTIERREZ SALAZAR	6100 LAKE ELLENOR DR. , SUITE 151 #1330	<input type="checkbox"/> Add
		ORLANDO, FL 32809 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RUTH M ROJAS GUERRA	6100 LAKE ELLENOR DR. , SUITE 151 #1330	<input type="checkbox"/> Add
		ORLANDO, FL 32809 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOLDKEY AND VICTOIRE TRUST	856 NORTH JOHN PARKWAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<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
			<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.)*

Please REMOVE the listed Registered Agent, FREDDY M GUTIERREZ SALAZAR at 6100 LAKE ELLENOR DR, SUITE 151 #1330, ORLANDO, FL 32809 and ADD the new Registered Agent, Registered Agents Inc. at 7901 4th St N., STE 300, St. Petersburg, FL 33702.

Also please REMOVE both AMBR's, FREDDY M GUTIERREZ SALAZAR and RUTH M ROJAS GUERRA and ADD the MGR, GOLDKEY AND VICTOIRE TRUST at 856 NORTH JOHN PARKWAY, KISSIMMEE, FL 34741.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 August 14, 2023

DocuSigned by  
Edgardo Figueroa  
EA8677EC3E324AE

Signature of a member or authorized representative of a member

Edgardo Figueroa

Typed or printed name of signee