## L23000331123

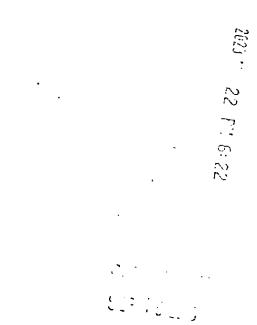
(Requ	uestor's Name)	
(Addi	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
Maximoms SUBJECT:	shade LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sergio Rodriguez		
		Name of Person	
	Maximomshade LLC		
		Firm/Company	
	1915 NW 186th Street		
	<del></del>	Address	
	Miami Gardens, FL 33056		
	<del></del>	City/State and Zip Code	
	sergio_3612@yahoo.com		
		to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	ali:	
Sergio Rodriguez		786 328-0369	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited		3
The Articles of Organization for this Limited	Liability Company	were filed on	and assigned
Florida document number L23000331123	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	262
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	
Enter new principal offices address, if appl	icable:	1915 NW 186Street	2
(Principal office address MUST BE A STRE		Miami GArdens, FL 33	056
Enter new mailing address, if applicable:		1915 NW 186 Street	?? ??
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami GArdens, FL 33	030
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records,	enter the name of the new register
Name of New Registered Agent:	Sergio Rodrigu	ez	
New Registered Office Address:	1915 NW 1860	Street	
	<del>.</del>	Enter Florida stree	t address
	Miami Gardens	i	

## 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	Rachel Garcia	67 NW 183rd Street	
		Miami Gardens, FL 33169	■Remove
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		Петюче	
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	<del>6;</del> 22
fective date, if other than the date of filing: $\frac{8/1}{1}$	4/2023 (optional)
ote: If the date inserted in this block does not meet the	or be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 are applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's	records.
ecord specifies a delayed effective date, but not an eff is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated August 14 202	23
	··
	2

Typed or printed name of signee