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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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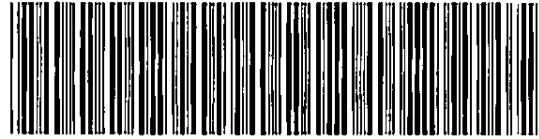
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: MAXIMUSBYMAX 97350 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:

EVGENIY RIKOV, CPA
Name of Person
CFO INTERNATIONAL, LLC
Firm/Company
3500 W HALLANDALE BEACH BLVD
Address
HOLLYWOOD, FL 33023
City/State and Zip Code
EUGENE@CFOINTL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVGENIY RIKOV, CPA at (571) 314-2515
Name of Person 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

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