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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 0	7/29/2024		
Name:	Patrice Rush		
	2446922		
	_	MAXNE, LLC	
☐ Articles	of Incorporation/Author	rization to Transact Business	
✓ Amendr	ment		
Change	of Agent		
Reinsta	tement		<u></u> ≽
Convers	sion		13 E
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☐ Dissolut	tion/Withdrawal		34 TE
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Other_			
Authorized Am	ount: \$25.00	0	
Signature:	Presoll		

F: 800.944.6607

Docusign Envelope ID: 9A44B2CF-4625-4C8D-BEA1-7D669FF1FB82

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAXNE, LLC		
(Name of the Lim	nited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on Aug	ust 2, 2023	and assigned
lorida document numberL23000364490	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	llowing:		
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 design	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	;	<u> </u>	
		Jan 1 Tage 1	185
Enter new mailing address, if applicable:		3 A T 20 T 20 C	्यं ।
Mailing address MAY BE A POST OFFICE			
Maning dualess MEAT BE ATOST OFFICE			- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
			<u></u>
 If amending the registered agent and/or agent and/or the new registered office address 		ords, <u>enter the name (</u>	of the new regist
Name of New Registered Agent:	Cogency Global Inc.		.
New Registered Office Address:	115 N Calhoun Street, Suite 4		
	Enter Florida	street address	
	Tallahassee	, Florida	l
	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.

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 9A44B2CF-4625-4C8D-BEA1-7D669FF1FB82
II amenuing Authorized rerson(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
VP	Martha Rosende	600 Brickell Ave	
		Suite 2950	□Remove
		Miami, FL 33131	□ Change
VP	Andrea Nebot Marsol	600 Brickell Ave	■Add
		Suite 2950	
		Miami, FL 33131	
			□Add
			□ Remove
			□Change
			□Add
			□Remove □Change
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Tective date, if other an effective date is listed, to ote: If the date inserted occument's effective date.	the date must be spec d in this block doe.	ific and can s not meet	not be prior t the applica	o date of filin	g or more than filing requi	(opti 90 days afte rements, th	r filing.) P	ursuant to II not be	605.02 : listed
record specifies a delay is filed.	ed effective date, b	out not an e	effective tin	ne, at 12:01	a.m. on the o	earlier of: (l) The 9	0th day	after th
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		<u></u> t	OccuSigned by:						
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Filing Fee: \$25.00