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(D-		
(RE	equestor's Name)	
(Ac	ldress)	-
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
_	_	_
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
MAXI TIEI	NDA 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	ndence concerning this matter	to the following:	
	JESUS E QUINTANA		
		Name of Person	
	MAXI TIENDA LLC		
		Firm Company	
	16245 E GOLDCUP DRIV	∕E	
		Address	
	LOXAHATCHEE, FL 334	170	
		City/State and Zip Code	
	JORGE.CARO56@YAHO		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ali:	
JESUS E QUINTANA		631 464-1183	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
P.O. Box 632 Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXI TIENDA LLC		
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records.) rida Limited Etability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 09/11/2023	and assigned
Florida document number L23000423265		2024 SE
This amendment is submitted to amend the following	:	CRETA
*		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) on for this Limited Liability Company were filed on (Description of the limited Liability Company) and assigned (Liability Company were filed on (Description of the limited Liability Company) (Des	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Plan	ida
		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

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
AMBR	FILEMON GOMEZ	433 SUMMA STWEST PALM BEACH, FL 33405	i Add
			Remove
			□Change
			🗆 Remove
			□Change
			□Add
			🖾 Remove
			□Change
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			Remove
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