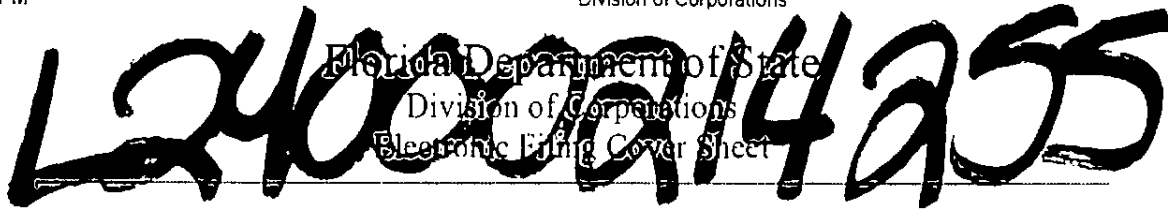


7/15/24, 1:29 PM

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000239608 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NJ ACCOUNTING SERVICES CORP  
Account Number : I20240000034  
Phone : (305)686-2850  
Fax Number : (844)587-9637

FILED  
2024 JUL 15 PM 12:36  
STATE OF FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NJTAXSERVICES22@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**MAX SUPERMARKET LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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JUL 16 2024

**COVER LETTER**

(((H24000239608 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAX SUPERMARKET 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:

RAUL R RODRIGUEZ

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

MAX SUPERMARKET LLC

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

7461 SW 8TH ST

\_\_\_\_\_  
Address

MIAMI, FL 33144

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

njtaxservices22@gmail.com

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

For further information concerning this matter, please call:

RAUL R RODRIGUEZ

305 686-2850  
at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H24000239608 3)))

MAX SUPERMARKET 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 05/07/2024 and assigned  
Florida document number L24000214255.

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:

7461 SW 8TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33144

Enter new mailing address, if applicable:

7461 SW 8TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33144

**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:

New Registered Office Address:

7461 SW 8TH ST

*Enter Florida street address*

MIAMI

Florida 33144

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.*

*Raul Rodriguez*

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	RODRIGUEZ, RAUL R		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7461 SW 8TH ST MIAMI FL 33144	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H24000239608 3)))

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

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 JULY 15TH 2024

Raul Rodriguez  
Signature of a member or authorized representative of a member

RAUL R RODRIGUEZ

Typed or printed name of signee

**Filing Fee: \$25.00**