L24000315429

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | • | |
| | | |

Office Use Only



500433623625

07/26/24--01014--016 **60.00

2024 AUG 23 PM 4: 28

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| | Registration S Division of Co | | | |
|------------|---|--|---|--|
| SUBJEC | Maxwell T | otal Care, LLC | | |
| SOBJEC | | Name of Lin | nited Liability Company | |
| The enclo | sed Articles of | `Amendment and fee(s) are sul | omitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | Jhon Max Barbosa | | |
| | | | Name of Person | |
| | | | Fum/Company | · |
| | | 2826 Helm Ct, Apt 203 | | |
| | | | Address | |
| | | Lantana, FL 33426 | | |
| | | Jhonmax98@gmail.com | City/State and Zip Code | |
| | | | to be used for future annual report no | tification) |
| For furthe | r information c | oncerning this matter, please c | all; | |
| Jhon Max | Barbosa | | 561 214-3854 at () | |
| | Name o | l Person | Area Code Daytin | ne Telephone Number |
| inclosed i | s a check for th | he following amount: | | |
| □ \$25.00 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>failing Addres</u> legistration 5 | | <u>Street Address:</u> Registration Se | ection |
| | Division of C | | Division of Co | |

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 2, 2024

JHON MAX BARBOSA 2826 HELM CT APT 203 LANTANA, FL 33462

SUBJECT: MAXWELL ENTERPRISES, LLC

Ref. Number: W24000110318

We have received your document for MAXWELL ENTERPRISES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Remove the statement in PART D. The original Articles cannot be changed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 424A00017260

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 AUG 23 PM 4: 28

| Maxwell Total Care, LLC | | |
|---|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our record bility Company) | <u>s.</u>) TALLAHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability Company w | ere filed on July 16th, 2024 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| Maxwell General Services, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Muning united) MALL TOOL OF THE MALL | | |
| | | _ |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | ldress on our records, <u>ente</u> | r the name of the new registere |
| agent and/or the new registered office water see | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | _ | |
| New Registered Write Fragress. | Enter Florida street addre | 288 |
| | F | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | e to act in this capacity. If performance of my duties, a | urther agree to comply with th and I am familiar with and |
| accept the obligations of my position as registered agent as pr | rovided for in Chapter 605 | , F.S. Or, 15 this accument is |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |
|--------------|-------------|---------|--------------------|
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | □Ch | □Change |
| | | | \ \tag{\text{Add}} |
| | | | □Remove |
| | | | |
| | | | |
| | | | □Remove |
| | | □Ch | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |

Page 2 of 3

| | | | | | | |
|--|--------------------------|------------------|--|---|-------------------------------------|-----------------------------------|
| | <u> </u> | | | | | |
| | | | | _ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| · | | | | | | |
| | | | - | | | |
| | | ··· . <u>-</u> - | | | <u>.</u> 2월 | 2024 |
| | | | | | ALLAHAS | AUG |
| | | | | | AS: | 62 <u>-</u> |
| | | | | | SEE | -p 🗓 |
| | | | | | FLORIDA | = |
| | | | - | | KIDA | 8 |
| | <u></u> | | | - | | |
| | | | | | | |
| Effective date, if other than the | date of filing: | | _ | (opt | ional) | |
| f an effective date is listed, the date mus Note: If the date inserted in this bl- | t be specific and cannot | ot be prior to d | late of filing or mo a statutory filing | re than 90 days after requirements, the | er filing.) Pursu is date will n | rant to 605.020 of be listed a |
| locument's effective date on the De | epartment of State's | s records. | • | • | | |
| e record specifies a delayed | effective date. | but not a | n effective ti | me at 12:01 | am on th | ne earlier o |
| The 90th day after the reco | ord is filed. | 5411100 | ir circuite d | , 60 12.01 | o.m. on a | ic currier o |
| August 21st | 203 | 24 | | | | |
| Pated | | · | | | | |
| | | اسراره و | - / | , | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00