L24000340710

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 OCT -8 AH 9: 14 SECRETATION (STATE)

COVER LETTER

	egistration Se ivision of Co				
SUBJECT	AMAX MI	AMILLC			
SUBJECT	•	Name of Lim	ited Liability Company		
The enclos	ad Articles of	Amendment and fee(s) are sub	wnitted for filing		
		ondence concerning this matter	-		
		AL DUCANING MICHENDA			
		ALEKSANDR METENKO	Name of Person	_	
			Name of Ferson		
			Firm/Company	_	
	950 N 66th Ave				
		· · · · · · · · · · · · · · · · · · ·	Address	-	
		Hollywood, FL 33024			
	City/State and Zip Code				
		Staychillin420z@yahoo.cor	to be used for future annual report notification)		
For further	information c	oncerning this matter, please c	·	2021-OCT-8	
Maxwell G	olubchik		305 610-0792	هِ اللهِ	
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:			
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
Ro D	ailing Addres egistration S ivision of C O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAX MIAMI LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records.) imited Liability Company)	 _
he Articles of Organization for this Limited Liability Conforda document number L24000340710	npany were filed on $\frac{08/02/2024}{}$	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Huang dadress WAT BE A TOST OF THE BOAY		
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new regis
Name of New Registered Agent:		
		11
New Registered Office Address:	Enter Florida street address	- 70 G
	, Florida _	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maxwell Gary Golubchik	2520 Stirling Road #329	= Add
		Hollywood, FL	□Remove
		33020	□Change
			🗖 Add
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m effective i ote: If the	ate, if other than the date is listed, the date must date inserted in this bloeffective date on the De	be specific and cann ck does not meet t	he applicable s	e of filing or more statutory filing re	(option than 90 days after fi equirements, this o	ling.) Pursuant to 60:	5.020 ced a
cument s	re in look	date, but not an e	ffective time, a	t 12:01 a.m. on (the earlier of: (b)	The 90th day after	er the
	ities a delayed effective						