## L24000342994

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09/11/24

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	ROPERTY MAX L	LC	
Jobote 1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pri	yanka Grover	
	•	perty Max LLC Firm/Company	
	8958 W Sta	ite Rd 84 Suite 1	124
	Day	E FL 33324 City/State and Zip Code	<u>.                                    </u>
	E-mail oddress: (	City/State and Zip Code  in @ Property max. It to be used for future angular report not	net (fication)
For further information c	concerning this matter, please ca	all:	
Priyanka Gn Name o	FOVEF FPerson	at ( <u>954</u> ) <u>947 3</u> Area Code Daytin	3935   786405 4797 ne 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)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY MAX	LLC			<u></u>
(Name of the Limited (A	Liability Compar Florida Limited L	nv as it now appear .iability Company)	s on our records.)	· ,
The Articles of Organization for this Limited Liab Florida document number	<u>994</u> . ing:		8/6/24 ere:	and assigned
The new name must be distinguishable and contain the word	<del></del>			*
Enter new principal offices address, if applicab	le:	858	West Stat	e Rd 84 avie FL 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	<u>8958</u> Suik 122		ERJ 84 L FL 33324
B. If amending the registered agent and/or registered office address by		ddress on our r	ecords, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	Madan	M Grav	ier	
New Registered Office Address:	8958 h	<del></del>	Rd B4 Su ida street address	ik124
	Da	Vie. City	, Florid	da <u>33324</u> 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>	Name	Address	Type of Action
MBR	Priyanka Grover	8958 W State Rd 84 Suikla	4 NAdd
		Davie FL 33324	□Remove
			□Change
MBR	Madan M Grover	8958 W State Rd 84 Suite	124 12 Add
		Davie FL 33324	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

	NA
	<del> </del>
Note: If the	date, if other than the date of filing:  (optional)  we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
se record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
	1.1
Dated	914124
Dated	Signature of a member or authorized epresentative of a member

Filing Fee: \$25.00