124000392657

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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	MAXSA	JEF LLC ited Liability Company		
	same of thin	ned 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:		
	MAKSYM	Shev & SC Name of Person		
		Firm/Company	- / /	
	19701 E	E COUNTRY Address	Club DR.	APT 205
	MAX Shef E-mail address: (City/State and Zip Code 83	fication)	
For further information of	concerning this matter, please ca			
MAK SYM Name o	Shevt Sov	at (<u>786</u>) <u>919</u> Area Code Daytim	8022 Telephone Number	
Enclosed is a check for t	he following amount:			
☑ \$25.00 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 enclo	
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations	
Tallahassee,			e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

MAX CHEF 1	10	0:00 18 PH 4:45
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)
The Articles of Organization for this Limited Liability Company w Florida document number 424000392657		9. 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability MAXSHEF LLC The new name must be distinguishable and contain the words "Limited Liability"		"LLC" 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) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>c</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street (uldress
	City	_, Florida 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 accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	erformance of my dutic ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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, <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
MGR	MAKSYM Shortson	19701 E COUNTRY Club DR, 205	□Add
(5	Club DR, 205	□Remove
			W Change
			🗆 Add
			□Remove
			🗆 Change
·			□ Add
			□Remove
			🗆 Add
			□Remove
•			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I made a mistake when filling
out the torm: "NAME and address of
PERSUN(S) authorized to Manage LLC
I wrote Shertson MAX, but it's
correct Sheutsov MAKSYM. And also
correct Sheutsov MAKSYM. And also in paragraph: "Name and e-mail address to whom correspondence should"
to whom correspondence should
needs to be fixed to the name:
MAKSYM Shertsov.
E. Effective date, if other than the date of filing:
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 10/14/2024.
Illos
Signature of a member or authorized representative of a member
MAKSYM Shevtsov
Typed or printed name of signee

Filing Fee: \$25.00