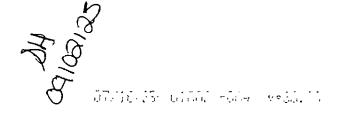
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PICK-UP	☐ WAIT	MAIL
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(Doi	cument Number)	
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Special Instructions to I	-iling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor			e,	:
SUBJECT:	Max Beyon	Works Liability Company	uc	
The enclosed Articles of Am	endment and fee(s) are submit	ted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Rebecco	Name of Person		
	Max Beyon	Marks U	<u> </u>	
	12 h	Florida Av	e #1	>-1719
	Jampa Fl	33615 City/State and Zip Code		
-	Crivas 3 E-mail address: (to l	c used for future minual repo	ort notification)	
For further information conc	erning this matter, please call:			
Tose M	De Othero	at (8/3) 92 Area Code	4-2823 Daytime Telephon	e Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	i)	\$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

ARTICLES OF A		^
TO ARTICLES OF OR		F//
OF		1025 11 ED
01		16
May beford Works	S LLC	ZOZS JUL 16 PH 3:01
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
	2-1001-	
The Articles of Organization for this Limited Liability Company w	vere filed on US 121/23	and assigned `
Florida document number <u>L25 000 253 195</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company bere:	
, <u> </u>		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "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)		
muning marchs many DEA 1 OF 1 OF 1 OF 1		
	-	
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Çode
New Registered Agent's Signature, if changing Registered Agent:	Çny	esp come
new Registered Agent's Signature, if cranging 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	d 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 Type of Action Address Name Title Jose M. De Oliveira is 5830 Memorial Hwy #1309 Tampa F/ 33615 OREMOVE _____ Change AMBR Rebeccah Rivas 5830 Memorial Hwy MAdd #1309 Tampa F1 33615 = Remove _____ Change □Remove □Remove _ □ Add Remove □Change _____ □Add

_____ □Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(if an eff	feetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	0207 (3) d as the
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	07/11/25	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Label Cook Riva S Typed or printed name of signee	
	Labeccah Rivas Typed or printed name of signee	