P12000004895

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Amend Mame

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: LFBC MAX	SERVICES CO	RP
DOCUMENT NUMBER: P1200006489		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
LUCIO F BORGE		
LFBC MAX SER\	Name of Contact Person /ICES CORP	1
	Firm/ Company	
522 TRACE CIR	APT 106	
	Address	
DEERFIELD BEA	ACH, FL 33441	
	City/ State and Zip Cod	e
INFO@ABLEUSA.NE	ĒΤ	
	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
LUCIO F BORGES DA COSTA	A at (954	₎ 773-5180
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314		xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



LFBC MAX SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000064895

ent(s) to

(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amend	
A. If amending name, enter the new name of the corporation:		
MAXIMIZED SUPERIOR SERVICES CO)RP	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviat "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	522 TRACE CIR APT 106	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DEERFIELD BEACH,FL 33441	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	522 TRACE CIR APT 106	
	DEERFIELD BEACH, FL 33441	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
(Cit	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
Signature of New Registered	I Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ODAIR BORGES DA COSTA	522 TRACE CIR APT 106
X Add			DEERFIELD BEACH, FL 33441
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			***************************************
Remove			
6) Change			
_			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	W- 100
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi appricaole, maicale 1974)	
(у пог аррпсиоте, такие пом)	
(у пог аррпсион, такие пла)	
(у пог аррпсионе, такине пла)	
(у пог аррпсионе, такине пла)	
(у пог аррпсиоте, такие пля)	
(у пог аррпсиоте, такие пля)	
(у пог аррасионе, такие пла)	

The date of each amendment(s) adoption: 07/27/2012
Effective date if applicable:	07/27/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 07/2	7/2012
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LUCIO FLAVIO BORGES DA COSTA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)