| | HWEST 56TH STREET . 33166 US | | |
|--|---|--------------------------|--|
| FEI Number: 86-2794208 | | | Certificate of Status Desired: No |
| Name and Address of Current Registered Agent: | | | |
| RAMIREZ, MA 8384 NORTHV DORAL, FL 33 | VEST 56TH STREET | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | |
| The above name | d entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Florida. |
| | d entity submits this statement for the purpose of changing its reg E: MAXIMILIANO RAMIREZ | iistered office or regis | tered agent, or both, in the State of Florida. 03/27/2024 |
| | | istered office or regis | |
| SIGNATUR | E: MAXIMILIANO RAMIREZ | istered office or regis | 03/27/2024 |
| SIGNATUR | E: MAXIMILIANO RAMIREZ Electronic Signature of Registered Agent | istered office or regis | 03/27/2024 |
| SIGNATUR | E: MAXIMILIANO RAMIREZ Electronic Signature of Registered Agent Person(s) Detail : | | 03/27/2024 Date |
| SIGNATURI Authorized | E: MAXIMILIANO RAMIREZ Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | 03/27/2024 Date |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAXIMILIANO RAMIREZ

MANAGER

03/27/2024

Current Mailing Address: 8384 NORTHWEST 56TH STREET

DOCUMENT# L18000122816

8384 NORTHWEST 56TH STREET

DORAL, FL 33166

Entity Name: MAX CAPITAL97, LLC

Current Principal Place of Business:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 27, 2024 Secretary of State 9080271455CC

Date