# L22000118399

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# FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / (850) 491-9625 Please use funds from this account: 120210000160: \$25.00 Authorization Signature: Campoli Management, LLC L22000118399 **DOCUMENT # BUSINESS NAME** \_Certified Copy of Articles and amendments Certificate of Status **AMMENDMENTS NEW FILINGS** \_X\_Amendment Profit Corp \_\_\_Resignation of R.A. Officer/Director \_\_\_Not for Profit \_\_Change of Registered Agent \_\_Limited Liability Revocation of Dissolution Domestication LLLP \_\_Merger \_\_\_Articles of Conversion \_\_CORP \_\_Restated Articles of Incorporation \_\_Other \_Statement of Authority Other

REGISTERATION/QUALIFICATIONS

### OTHER FILINGS

\_\_Apostille \_\_\_Foreign filing \_\_\_Reinstatement \_\_\_Annual Report \_\_\_Qualification \_\_\_Other

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration Se Division of Cor				
	MANAGEMENT, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	andence concerning this matter	to the following:		
	MAXIME OUIMET			
		Name of Person		
				21 21
		Firm/Company		Višio )23 C
	16430 NW 59TH AVE, SU	JITE 201		)
		Address		3 .C.
	MIAMI LAKES, FL 3301	4		DIVISION OF CORPORATIONS 2023 OCT 23 PM I2: 40
		City/State and Zip Code	<del></del>	0.1 8.60
	YELLOW_SCORPION2@			
	E-mail address: (	to be used for future annual report notific	cation)	
For farther information o	concerning this matter, please o	all:		
MAXIME OUIMET		786 872-3447		
Name o	f Person		Telephone Number	_
Enclosed is a check for the	be 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 F Certificate of S Certified Copy (additional copy is	Status &
Malling Address Registration		<u>Street Address:</u> Registration Sect	ion	
		D	.•	

Matting Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CAMPOLI MANAGEMENT, LLC				
(Name of the Limit	ed Llability Compa (Α Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Li Florida document number L22000118399	ability Contpany	were filed on <u>04/20/2022</u>	and assign	ned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
IOXPROTECTION LLC				
The new name trust be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		16430 NW 59TH AVE, SUITE 201		
		MIAMI LAKES, FL 33014	2023	Ξ <u>ν</u>
			00	로
Enter new mailing address, if applicable:		16430 NW 59TH AVE, SUITE 201	1 23 P	TARY OF OF CORH
(Meeting address MAY BE A POST OFFICE BOX)		MIAMI LAKES, FL 33014	<u> </u>	255
			5	<u> </u>
B. If amending the registered agent and/or r agent and/or the new registered office addres			of the new r	<u>egistered</u>
Name of New Registered Agent:	IMAXIME OUI	WILL I		
New Registered Office Address:	New Registered Office Address: 16430 NW 59T			<u>.</u>
	Enter Florida street address			

### 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.

City

MIAMI LAKES

Changing Registered Agent, Signature of New Registered Agent

Florida 33014

Zip Code

' 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

Title	Name	<u>Address</u>	Type of Action
AMBR	MATHIEU PROVOST	196 RUE DES VIOLETTES	<b>=</b> Add
		ST-JEAN-SUR-RICHELIEU	□Remove
		QC J2W0K4 CANADA	□Change
AMER	DAVIDE CARDUCCI	45 RUE DU JADE	\
		ST-JEAN-SUR-RICHELIEU	Division 202000 — Cremove
		QC J2W0C7 CANADA	
AP	MAXIME OUIMET	16430 NW 59TH AVE, SUITE 201	CORPORATIONS  CORPORATIONS  Add: 10
		MIAMI LAKES, FL 33014	 
			<b>≡</b> Change
AP	FEAN-LUC DORE	16430 NW 59TH AVE, SUITE 201	<b>=</b> Add
		Młami Lakes, fl 33014	□Remove
		<del></del>	
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

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Tective date, if other than the d	10/18/2023 ate of filing:	(optional)
en effective date is listed, the date must b	e specific and cannot be prior to date of filing or more than k does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605,0203 rements, this date will not be listed as
nte: If the date inserted in this bloc	artment of State's records.	
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ote: If the date inserted in this bloc		
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