

L22000118399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

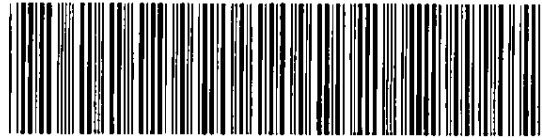
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED
R. HUNT
10/23/23

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAMPOLI MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/20/2022 and assigned Florida document number L22000118399.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IOXPROTECTION LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

16430 NW 59TH AVE, SUITE 201

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16430 NW 59TH AVE, SUITE 201

MIAMI LAKES, FL 33014

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MAXIME OUIMET

New Registered Office Address:

16430 NW 59TH AVE, SUITE 201

Enter Florida street address

MIAMI LAKES

Florida 33014

City

Zip Code

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.


Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MATHEU PROVOST	196 RUE DES VIOLETTES	<input checked="" type="checkbox"/> Add
		ST-JEAN-SUR-RICHELIEU	<input type="checkbox"/> Remove
		QC J2W0K4 CANADA	<input type="checkbox"/> Change
AMBR	DAVIDE CARDUCCI	45 RUE DU JADE	<input checked="" type="checkbox"/> Add
		ST-JEAN-SUR-RICHELIEU	<input type="checkbox"/> Remove
		QC J2W0C7 CANADA	<input type="checkbox"/> Change
AP	MAXIME OUMET	16430 NW 59TH AVE, SUITE 201	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	JEAN-LUC DORE	16430 NW 59TH AVE, SUITE 201	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

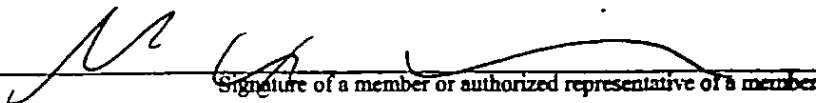
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 10/18/2023 (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 18, 2023


Signature of a member or authorized representative of a member

MAXIME OUIMET
Typed or printed name of signac