LIGEO	NOT KIS
(Requestor's Name) (Address) (Address)	900436661239
(City/State/Zip/Phone #)	2024 OCT -9 ··· €: 20 2024 OCT -9 ··· €: 20
Certified Copies Certificates of Status	RECEIVED 2024-001 -9 PH 3: 01 SUCREMENTS SELECTION MULTIMASSED FURIDA
Office Use Only	

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

FROM

Florida Department of State
 The Centre of Tallahassee
 2415 North Monroe Street, Suite 810
 Tallahassee, FL 32303
 corphelp@dos.myflorida.com
 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/9/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1299639

ORDER ENTITY

FLUXINVEST, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FLUXINVEST, LLC (FL)

File the attached amendment

NOTES: \$25.00 Autho

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section Division of Corporations

FLUXINVEST, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pedro Ignacio Maggi

Name of Person

Gaius

Firm/Company

Av. Luis Alberto de Herrera 1248, WTC III, Office 258 (11300)

Address

Montevideo, Uruguay,11300

City/State and Zip Code

p.maggi(q)gaius.global

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Pedro Ignacio Maggi
 ± 598
 93607085

 Mame of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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 <u>Street Address:</u> 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

FLUXINVEST, 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 <u>09/29/2010</u> and assigned Florida document number <u>L10000101798</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
	00
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	

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

	<u> </u>	- Florida Zip Code
New Registered Office Address:	Enter Florida street ad	klress
Name of New Registered Agent:		

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

AMBR = A	athorized	l Member
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<u>Title</u>	Name	Address	Type of Action
MGR	JOSE LUIS SANTARCIERI MARINONI	6205 BLUE LAGOON DRIVE	🗆 Add
		SUITE 130	
		MIAMI, FL 33126	□ Change
	<u></u>		🗆 Add
		······································	🗆 Remove
			□Change
			🖸 Add
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	<u></u>		□Adđ
		- <u></u>	①Change
			🗌 Add
			🗆 Remove
			□ □Change

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

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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.

October 8th Dated	2024
	·································
	Signature of a member or authorized representative of a member
PEDRO IGNACI	O MAGGI

Typed or printed name of signee