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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAGGIORA, LLC**

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FEB 17 2022

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

MAGGIORA, 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 AUGUST 29, 2013 and assigned  
Florida document number L13000122621.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10275 COLLINS AVENUE, SUITE 729

BAL HARBOUR, FLORIDA 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 N. LOOP WEST FREEWAY

HOUSTON, TEXAS 77008

**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:

CAPITOL CORPORATE SERVICES, INC.

New Registered Office Address:

515 EAST PARK AVENUE, 2ND FLOOR

*Enter Florida street address*

TALLAHASSEE

Florida 32301

*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.*

*Taylor Seay*

Taylor Seay, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

**If Changing Registered Agent, Signature of New Registered Agent**

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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>
MGR	ALBERTO ALEJANDRO VAZQUEZ	19627 SOUTHERN MAPLE LN	<input type="checkbox"/> Add
		HOUSTON, TX 77094	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	MAXIMILIANO GASTON ANA	10275 COLLINS AVENUE, SUITE 729	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FLORIDA 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	MAXIMILIANO GASTON ANA	10275 COLLINS AVENUE, SUITE 729	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FLORIDA 33154	<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
			<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.)**

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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional).

Effective date, if other than the date of filing: \_\_\_\_\_ (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)