

L20000261500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

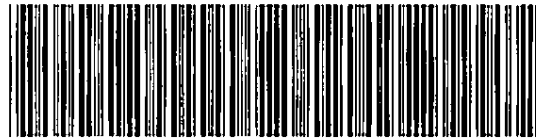
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200355573452

11/25/20--01019--013 ++\$20.00

FILED  
2020 NOV 25 PM 5:35  
COURT CLERK  
JAN 11 2021

O SIMMONS  
JAN 11 2021

**CIOFFI LAW, P.A.**  
TEQUESTA CORPORATE CENTER - SUITE  
200

James A. Cioffi

250 TEQUESTA DRIVE  
P.O. BOX 3010  
TEQUESTA, FLORIDA 33469  
TELEPHONE (561) 747-6000  
FAX (561) 575-9167

November 23, 2020

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

Re: Naxico, LLC

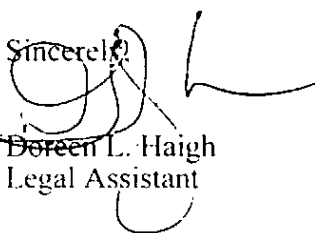
To whom it may concern:

Enclosed please find the Articles of Amendment for the above referenced LLC correcting the spelling of the Manager.

Please process same and forward to me the Certificate of Status.

If you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,



Doreen L. Haigh  
Legal Assistant

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naxico, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

James A. Cioffi, Esq.

Name of Person

Cioffi Law PA

Firm/Company

250 Tequesta Drive, #200

Address

Tequesta, FL 33469

City/State and Zip Code

jodiretired@gmail.com

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

**For further information concerning this matter, please call:**

James A Cioffi

561 747-6000

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

**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**

2020 NOV 25 PM 5:35

Naxico, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/24/2020 and assigned  
Florida document number L20000261500.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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.*

If Changing Registered Agent, 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

1120

<u>Title</u>	<u>Name</u>	<u>Address</u>	2020 NOV 25 PM 5:35	<u>Type of Action</u>
MGR	Joel Rotundo	250 Tequesta Dr Suite 201	TEQUESTA, FL 33469	<input type="checkbox"/> Add
		Tequesta, FL 33469		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	Joel Rotondo	250 Tequesta Dr Suite 201		<input checked="" type="checkbox"/> Add
		Tequesta, FL 33469		<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
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

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

FILED

2020 NOV 25 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FL

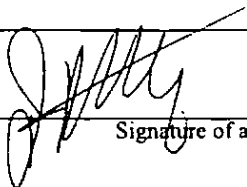
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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 November 11, 2020



Signature of a member or authorized representative of a member

Joel Rotondo

Typed or printed name of signee