

LA1000289464

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAXIMO'S EXPERIENCE MACHINE WORK 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:

ESTHER MARRERO

Name of Person

EGM BUSINESS AND HOME SOLUTIONS LLC

Firm/Company

1401 VISCAYA PKWY, STE 4

Address

CAPE CORAL, FL 33990

City/State and Zip Code

ESTHER@EGMBUSINESSSOLUTIONS.COM

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

For further information concerning this matter, please call:

ESTHER MARRERO

239 257-2332
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

MAXIMO'S EXPERIENCE MACHINE WORK 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 JUNE 22, 2021 and assigned
Florida document number L21000289464.

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 "L.L.C." 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:

MAXIMO EDUARDO GAMERO CRUZ

New Registered Office Address:

8075 MARX DR

Enter Florida street address

NORTH FORT MYERS

City

Florida

33917

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRE	MAXIMO EDUARDO	8075 MARX DR	<input type="checkbox"/> Add
	GAMERO CRUZ	NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	MARIA DE LOURDES	8075 MARX DR	<input type="checkbox"/> Add
	MANRIQUEZ GONZALEZ	NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated JUNE 24, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00