

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MAXIMO INFINITY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following

GIANLUCA GARGANTINI

Name of Person

THE MAXIMO INFINITY LLC

Firm Company

850 CENTRAL AVE STE 140

Address

NAPLES FL 34102

City, State and Zip Code

INFO@FOREVERFIOREFLORAL.COM

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

For further information concerning this matter, please call:

GIANLUCA GARGANTINI

786

942-0286

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**

THE MAXIMO INFINITY 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 03/07/2022 and assigned Florida document number L22000115432

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:

GIANLUCA GARGANTINI

New Registered Office Address:

10141 SWEETGRASS CIR APT 106

Enter Florida street address

NAPLES

City

Florida

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 not filing this document 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

FILED
2022 NOV 28 AM 9: 92
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
AMBR	ROSEMAR DE SOUZA	14011 WEST HYDE PARK DR #101	<input type="checkbox"/> Add
		FORT MYERS FL 33912	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Chan
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