

L2200011543Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

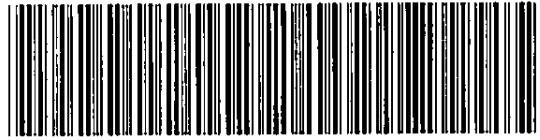
(Business Entity Name)

(Document Number)

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03/13/23--01026--024 **25.00

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TO: **Registration Section**
Division of Corporations

SUBJECT: THE MAXIMO INFINITY 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:

GIANLUCA GARGANTINI
Name of Person

THE MAXIMO INFINITY LLC
Firm/Company

970 5TH AVENUE NORTH
Address

NAPLES FL 34102
City/State and Zip Code

INFO@FOREVERFIOREFLORAL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GIANLUCA GARGANTINI at (786) 942-0286
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)

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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: LUARA MAXIMO DOS SANTOS

New Registered Office Address: 970 5 TH AVENUE NORTH
Enter Florida street address

NAPLES, Florida 34102
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUARA MAXIMO DOS SANTOS	10142 SWEETGRASS CIR # 414	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GIANLUCA GARGANTINI	10142 SWEETGRASS CIR # 414	<input type="checkbox"/> Add
		NAPLES FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

A recent application was submitted adding Luara Maximo Dos Santos to the LLC, that filing was sent out by mail on feb 23th/23. I would like for that submmition to be discarded. I would like for the information on this application to reflect the new updated information for the LLC.

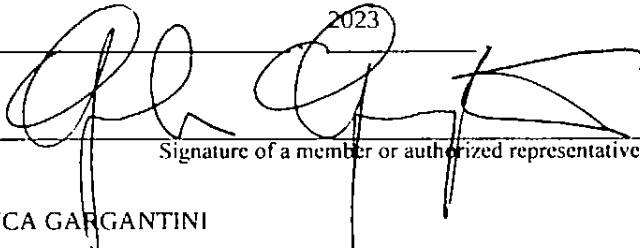
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 MARCH 06


Signature of a member or authorized representative of a member

GIANLUCA GARGANTINI

Typed or printed name of signee

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