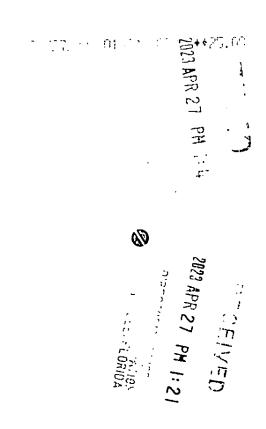
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A. BUTLER APR 27 2023

COVER LETTER

TO: Registration Se Division of Cor			
	ervices LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Filomena Lucia Maimone,	Esq.	
	Maimone Services LLC	Name of Person	
		Firm/Company	
	511 SE Fifth Avenue Suite	• •	
		Address	
	Fort Lauderdale, Florida, 3	3301	
	mena@americanimmigratio	City/State and Zip Code nstudio.com	
	E-mail address: (to be used for future annual report no	(ilication)
For further information of	concerning this matter, please co	all:	
Filomena Lucia Maimon	e, Esq.	954 670-6131	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addres	<u>ss:</u>	Street Address:	action

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

Maimone Services 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 Lanuary 23, 2023 and assigned Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Maimone Legal PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 2430 F. Commercial Blvd, Suite #2, Fort Lauderdale, Florida Enter new principal offices address, if applicable: 33308. USA (Principal office address MUST BE A STREET ADDRESS) 2430 E Commercial Blvd, Suite #2, Fort Lauderdale, Florida Enter new mailing address, if applicable: 33308, USA (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

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□ Change
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Signature of a member or authorized representative of a member	The date inserted in this block don's effective date on the Departm specifies a delayed effective date, d. pril 24.	2023 Mamo	N	The 90th day after the