

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000049979

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

2023 FEB 16 PM 1:07

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: assistant.toni@larsonacc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAXXI SOLUTIONS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2023 FEB 16 PM 4:08
APPROVED
AND
FILED

FEB 17 2023
A. Brumbley

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAXXI SOLUTIONS 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 01/26/2023 and assigned Florida document number L23000049979.

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: 10640 BELFRY CIR
ORLANDO, FL 32832
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 10640 BELFRY CIR
ORLANDO, FL 32832
(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: 10640 BELFRY CIR
Enter Florida street address
ORLANDO, Florida 32832
City Zip Code

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AND
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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 | PINTO RODRIGUES, RUBERS D | 8001 NEMOURS PKWY | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32827 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | P R COSTA, RUBENS DORIA | 8001 NEMOURS PKWY | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32827 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | BASTOS MELLO, CARLOS A | 10640 BELFRY CIR | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32832 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <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.)*

Multiple horizontal lines for amending information.

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 FEBRUARY 9, 2023

Carlo Mello

Signature of a member or authorized representative of a member

CARLOS AUGUSTO BASTOS MELLO

Typed or printed name of signee