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| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| , , | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| Division of C | Corporations | | |
|--------------------------|----------------------------------|--|--|
| SUBJECT: SILCO | USA | | |
| | | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sul | hmitted for filing | |
| | | _ | |
| r lease return an corres | pondence concerning this matter | to the following: | |
| | SILVIA BINAGGIA | | |
| | | Name of Person | |
| | SILCO USA LLC | | |
| | | Firm/Company | |
| | 4958 NW 971'H PL | | |
| | | Address | |
| | DORAL FL 33178 | | |
| | sbinaggia@silcousa.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please c | all: | |
| SILVIA BINAGGIA | | ot (786) 247 47 77 | |
| Name | of Person | at (786) 247 47 77 Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & | □ \$55.00 Filing Fee & | ■ \$60.00 Filing Fee, |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> | ess: | Street Address | |

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

TO: Registration Section

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

| SILCOU | JSA | |
|--|--|-------------------------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number | vere filed on | and assigned |
| This amendment is submitted to amend the following: | | MVE SHEE |
| A. If amending name, enter the new name of the limited liabili | ity company here: | - 156 - 156 - 156 |
| UPPER FOODS LLC | | 1. T. R. C. C. R. 20 |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the abb | · · · |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | ယ |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, enter the name | of the new registered |
| 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.

City

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> | Type of Action |
|--------------|--------------|-----------------------------------|----------------|
| AMBR | GIAN IULIANO | 4958 NW 971'H PL, DORAL, FL 33178 | = Add |
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| Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department. | be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil | (optional) more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as the |
| the record specifies a delayed) The 90th day after the reco | effective date, but not an effective rd is filed. | e time, at 12:01 a.m. on the earlier of: |
| APRIL 17 Dated | 2020 | |
| | Sulva Binaggi Signature of a member or authorized representati | |
| | ignature of a member or authorized representati | ve of a member |
| | SILVIA BINAGGIA | |
| | Typed or printed name of signer | |