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Division of Corporations

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02/01/2022 11:07 AM

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VILLACON USA, LLC			
(Name of the Limited Link (A Flor	dilty Company as It now appride Limited Liability Compan	A)	
The Articles of Organization for this Limited Liability	/ Company were filed on:	10/12/2020	and assigned
Florida document number 1.20000322023	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following:	<b>)</b>		
A. If amending name, enter the new name of the li	imited liability company	here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," t	he designation "LLC" o	r the abbreviation "L.L.C."
The new name must be distinguishable and contain the words			
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD	DRESS)		
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Enter new mailing address, if applicables			
(Malling address MAY BE A POST OFFICE BOX)	<u> </u>		<u> </u>
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B. If amending the registered agent and/or re	egistered office address	on our records,	enter the name of the ne
registered agent and/or the new registered office a	address here:		<del></del>
Name of New Registered Agent:	· .		
•	· · · · · · · · · · · · · · · · · · ·		7 22
New Registered Office Address:	Enter	Florida street address	
:		. Flor	
·	City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:		
New Resinterior Agent & Signature, i) Charles	a is discussed a single to the	kie osoositui Third	har name to comply with th
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance d agent as provided for tered office address, I h	e oj my auties, and in Chapter 605. F.	S. Or, if this document is
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If Changing Registered Agent, Signature of New Registered Agent

Fax: 13054448800

Fax: (850) 617-6383

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 Type of Action **Address** Title Name Paola Hernandez Villalvazo 2330 Ponce de Leon Blvd. MOR Coral Gables, FL 33134 ■ Add □ Remove Change: 2330 Ponce de Leon Blvd: MOR Coral Gables, FL 33134 **₽** ∧dd Maria Paulina Villalvazo Gonzalez □ Remove Change \_□ Add → ☐ Remove Change . D Vqq ☐ Remove □ Change □ Add ☐ Remove \_□ Change ☐ Add □ Remove ☐ Change

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