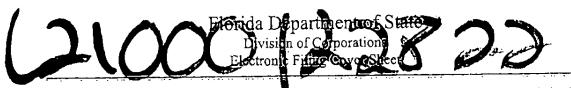
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 : (561)544-8862 Fax Number : (954)697-0130

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

Email Address: sales Weloenterprises. US

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEDEPRAFLAVIA USA, LLC.

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T. LEMIEUX JUL 2 1 2022

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 20 PM 5: 16

PEDEPRAFLAVIA USA, LLC.	JALUM HODGE FLORION
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our ocords.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2021 and assigned
This amendment is submitted to amend the following:	
rida document number L21000122822 Is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Iter new principal offices address, if applicable: N/A Initial office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: N/A If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Line of New Registered Agent: New Registered Agent's Signature, if changing Registered Agent: Proby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Pagistared Agents	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:	,
I hereby accept the appointment as registered agent and agre	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

07/20/2022 · 16:03 (FAX) P.003/004

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>	Name	<u>Address</u>	Type of Action
MGR	DA SILVEIRA DORIA, VERA M	21719 CROMWELL CIRCLE	Add
		BOCA RATON, FL 33486	≣Remove
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	07/01/2022		
Effective date, if other than the	date of filing:	to date of filing or more than 90 da	(optional)
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e record specifies a delayed effectiv	e date, but not an effective ti	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
rd is filed.			
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Dated		<u> </u>	
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	Clejanaro Xa	niced representative of a member	
	Signature of a member of grino	rized representative of a mentioer	
	E. by ALEJANDRO SANCH		
	Typed or prints	d name of signee	