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## **COVER LETTER**

TO: Registration So Division of Cor					
ALIADOS SUBJECT:	US LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	JAIME A CEPEDA				
		Name of Person			
				<b>202</b> SE	فأور والاس
		Firm/Company		CRE	77
	2900 SW 28TH EN APT 30	)3		2021 JUL 26 PM 2: 03 SECRETARY OF STATE TALLAHASSEE, FL	FILED
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	MIAMI FL 33133			1 2: EE, I	O ,
		City/State and Zip Code	······································	203	
	CEO@ELEMENTOCO.CO	M o be used for future annual report	t notification)		
For further information of	concerning this matter, please ca		t minte anony		
	in mater, please ea		1		
JAIME A CEPEDA	c n	786 281803-			
Name (	of Person	Area Code Di	raytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre Registration		Street Addres Registration	ss: n Section		

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

ALIADOS US LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec Jability Company)	cords.)
The Articles of Organization for this Limited Liability Company florida document number L20000048991	were filed on 02/11/2020	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
ELEMENTO US LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		202 SE
Principal office address MUST BE A STREET ADDRESS)		
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		γ.ς. Υ.ς. <b></b>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2: 0
		1 D 3
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>en</u>	ter the name of the new register
New Registered Office Address:		
	Enter Florida street ad	dress
		. Florida
	Cuy	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p eccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the fran effective date is listed, the date mu Note: If the date inserted in this b	st be specific an	d cannot be prior	to date of filing	or more than 90 d	(optional) lays after filing.) F	oursuant to evill not be	505.0207 listed as
document's effective date on the I	epartment of	State's records.					
ne record specifies a delayed effecti ord is filed.	ve date, but no	ot an effective t	îme, at 12:01	a.m. on the earl	ier of: (b) The	e 90th day	after the
Dated		2021	. <u></u>				
	Signature of a	member or author	orized represent	ative of a membe	г		_

Filing Fee: \$25.00