Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000354713 3)))



H240003547133ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310

Fax Number : (305)503-6701

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

Email Address: arod 8723 agrail com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEDNA USA LLC

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October 24, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEDNA USA LLC 825 BRICKELL BAY DR SUITE 246 MIAMI, FL 33131

SUBJECT: SEDNA USA LLC

REF: L09000029612

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

2nd page was mostly blank.

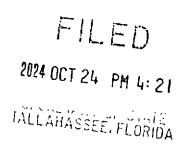
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Mel Solomon Operations Manager A FAX Aud. #: H24000354713 Letter Number: 624A00023498

13055036701

Page: 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## SEDNA USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ompany were filed on	03/26/2009 and assigned Florida
bility company here:	
bility Company." the designa	ion "LLC" or the abbreviation "L.L.C."
<del></del>	
·	
•-	
e address on our record	s, enter the name of the new registered
Enter Florida str	eet address
	, Florida
City	Zip Code
	bility company here: bility Company." the designal

## 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.

To:

Page: 5 of 6

2024-10-24 19 06:23 GMT

13055036701

From: Andres Rodriguez

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>	Address	Type of Action
MGRM	MARIO M DO CANTO	2000 ISLAND BLVD PH4	\ \Add
		AVENTURA, FL 33160	≣Remove
			□Add
			□ Remove
		<del> </del>	Change
			□Remove
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<del></del>			
			Петюче
			Change
		<del></del>	□ Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Г	Effective date, if other than the date of filing:	(option

(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 OCTOBER 23, 2024

Felipe 8ii	incalans	 		

Signature of a member or authorized representative of a member

FELIPE BIANCALANA

Typed or printed name of signce

2024 OCT 24 PM 4: 21