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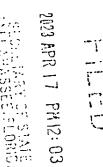
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A. RIVERS
JUN - 3 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHIDACCE	HOLDING SAS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michel LUMBROSO		
		Name of Person	
		Firm/Company	
	3801 COLLINS AVE, uni	t 1806	
		Address	· · ·
	MIAMI BEACH FL-331-	40	
		City/State and Zip Code	
	michel@lumbroso.net	to be used for future annual report not	
For further information c	oncerning this matter, please of	·	incation)
Michel Lumbroso		305 965*6426	
Name o	l'Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLISHA HOLDING SAS LLC			
(Name of the Limite	ed Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number 1.12000002826	ability Company	were filed on 01/06/2012	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lial	oility company here:	
SHELLIAND MOSAIC LLC			
The new name must be distinguishable and contain the w	ords "Limited Liab	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 STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, enter the	name of the new registe
Name of New Registered Agent:	N/A		2023 J 55.C
New Registered Office Address:		Enter Florida street address	PR T
		Florid	
		Cuy	Cap Code
New Registered Agent's Signature, if changing R	legistered Agent	<u>:</u>	85 B
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	er and complete stered agent as registered office	e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		🗀 Add
			□Remove
			□ Change
		□Remove	
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change

	N/A
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F FF aat	tive data if ather than the data of filings (autional)
f an cf	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
1	nent's effective date on the Department of State's records.
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e reco	rd 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
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e reco rd is fi	iled.
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e reco rd is fi	iled.
e reco rd is fi	march 27 2023
e reco rd is fi	iled.

Filing Fee: \$25.00