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COVER LETTER

	gistration Sect vision of Corpe							
GLID IE CIT	SIOCA	AM USA LLC						
SUBJECT			ited Liability Company					
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please retu	m all correspond	lence concerning this matter	to the following:					
		Paolo Rugge	eri					
			Name of Person					
	K2USA LLC							
			Firm/Company					
	1000 5th Street #206							
			Address					
		Miami Beacl	h, FL 33139					
			City/State and Zip Code					
		p.ruggeri@osman	agement.it to be used for future annual report					
			·	i notification)				
		ncerning this matter, please ca						
Paole	Paolo Ruggeri954 ,435-5538							
	Name of I	Person		nytime Telephone Number				
Enclosed is	a check for the	following amount:						
S \$25.00	Filing Fee	□ \$30.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIOCAM USA LLC

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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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** Marco Caneva 1615 West Avenue MGR 🗏 Add Unit #405 ☐ Remove Miami Beach, FL 33139 Pietro Caneva 1615 West AVenue MGR □ Add Unit #405 **■** Remove Miami Beach, FL 33139 □ Add □ Add

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated July 10 Signature of a member or path-kized representative of a member	if amending any other information, enter change(s)	nere: (Attach daditional sheets, ij necessary.)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated July 10 Signature of a member or annotized representative of a member		
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Dated July 10 Signature of a member or patholized representative of a member	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt	or filed date and cannot be more than 90 days after
Signature of a member or partial representative of a member	the date this document is filed by the Florida Department of State)	
	Dated July 10	<u>4 </u>
)
Paolo Ruggeri (\ \ \ \ - \	Signature of a member or	anthorized representative of a member
1 dolo raggeri / //	Paolo Ruggeri ((X -)

Page 3 of 3

Filing Fee: \$25.00