8/24/23, 2:17 PM Division of Corporations

L23000294866

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H23000294866 3)))

H23000294866 3AE9C7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DIPHORA LLC
Account Number : I20220000014
Phone : (786)280-3285
Fax Number : (561)300-0428

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ULTRANUTRIENTES USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

RECEIVED
2023 AUG 24 PM 2:36
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 24 PM 3:55

T. LEMIEUX
AUG 25 2023

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

(((H23000294866 3)))

TO: Registration Section
Division of Corporations

SUBJECT: ULTRANUTRIENTES USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN DORNELLAS
Name of Person

ULTRANUTRIENTES USA LLC
Firm/Company

345 BRYAN RD
Address

DANIA BEACH, FL 33004
City State and Zip Code

HELEN@NASCIMENTO.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN DORNELLAS at (305) 586 7975
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $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 Address:
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

(((H23000294866 3)))

ULTRANUTRIENTS USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/25/2014 and assigned Florida document number L14000132516

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ULTRANUTRIENTS USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company" (or the abbreviation "L.L.C." or the abbreviation "LLC").

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

, Florida

City *Zip Code*

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.

If Changing Registered Agent, Signature of New Registered Agent

2023 AUG 24 PM 3:55

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

(((H23000294866 3)))

Title	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

(((H23000294866 3)))

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

E. **Effective date, if other than the date of filing:** _____ (optional)

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 s. 605.0207, F.S.

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 date, it will be effective on the earlier of the: The 90th day after the record is filed.

Dated JULY 31 2023

Signature of a member or authorized representative

EDUARDO NASCIMENTO

Typed or printed name of signee

Filing Fee: $25.00