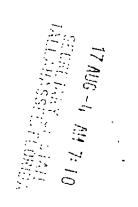
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COVER LETTER

Division o	on Section of Corporations		
SUBJECT:	MANUDELLA US	LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	rrespondence concerning this matter	to the following:	
	LORENZO	SILVESTAI	
		Name of Person	
:	GALGA	NO MIANI	
		Firm/Company	
	2 SOUTH BIS	CATHE BLUD. STE	2490
		Address	
	IMAIM	. F1 33131	
1		City/State and Zip Code	
	<u>L SILVE</u>	EST (N) (© GALGANO) to be used for future annual report not	.17
			шетоп)
thor further informa	tion concerning this matter, please c	all:	
LORENZO	SILVESTAI	at <u>(305)</u> <u>364</u>	5473
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
SZ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	••••••	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(mannesses exp.) (content exp.)
	IAILING ADDRESS: egistration Section	STREET/COUR Registration Secti	
, D	Division of Corporations	Division of Corpe	
	.O. Box 6327 allahassee, Ft. 32314	Clifton Building 2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANUDELLA US	S LLC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	*****
The Articles of Organization for this Limited Liability Company we Florida document number 1600227331 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	vere filed on 12/16/20	216 and assigned
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here:	ce addr.ss on our records, s	enter the name of the new
Name of New Registered Agent:		77
New Registered Office Address:		10 K
	Sales Teorido apresi colóreos	
	Florid	da 🔄 🚉 💮
Now Bedetand Amento Standard If the Co. B. Co.	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		10
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erforma::ce of my duties, and I ovided 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, 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	Address	Type of Action
MGR	LORENZO SILVESTRI	2 SOUTH BISCAYNE BLUD.	X ARA
		STE 2490 MIAMI, FL 331	31 G Remove
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(If a	an effective date is lis	ited, the date must be s	specific and cannot	the prior to date o	Cfiling or more than	00 dos = 44	Silvery Development of CO	5.020
do	ocument's effective	serted in this block of date on the Depart	iment of State's:	e applicable stat records.	futory filing requir	ements, this	date will not be lis	ted a
the	record specific	es a delayed eff	ective date, i	but not an el	fect:ve time, a	it 12:01 a	.m. on the earl	ler o
) -	The 90th day a	ifter the record	Is filed.				on the carr	
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