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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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USIT INSTITUTE

Attention to

Florida Department of State

Object: "address to send documentation request"

Hallo with this letter I ask to receive documentation request to this address:

c/o Fonderie Cervati srl

Via Valcamonica 21/s, 25132 Brescia

Italy

Or a copy by email at:

info@usitinstitute.com

thanks

COVER LETTER

SUBJECT:		ITUTE LLC		
ousiet.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		STEFANO CERVATI		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		150 BRADLEY PL SUITI	E 904	
			Firm/Company	
		PALM BEACH, FL 33480)	
			Address	
		INFO@USITINSTITUTE	.СОМ	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please co	all:	
GEORGE (i LOMBARD	ol .	202 2881777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 H	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:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USIT INSTITUTE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 17000000995	were filed on JENUARY 2017 and as:	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	202	
		
	, 1	
Enter new mailing address, if applicable:	∴ OI	<u></u>
Mailing address MAY BE A POST OFFICE BOX)		\Box
	6	
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		of the
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

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

Title	<u>Name</u>	Address	Type of Action
MGR	mr MASSIMILIANO SANZOGNI	G74 1EY 20 DUNBAR HILL EAS	
		KILBRIDE GLASGOW (UK)	Remove
			Change
			□ Remove
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ctive date, if other than the date of fili effective date is listed, the date must be specific a if the date inserted in this block does not iment's effective date on the Department of	ind cannot be prior to di t meet the applicable			ing.) Pun		
ecord specifies a delayed effective ne 90th day after the record is filed		n effective time,	at 12:01 a.n	n. on t	the ea	rlier
d POMPANO BEACH	12.04.2020	1.1	,			
		d representative of avm				 '/

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Filing Fee: \$25.00