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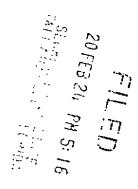
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(Address)	
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COVER LETTER

Division of Corporations
SUBJECT: Made in ITaly 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:
Penalora Juan Pablo Name of Person
A see An
Fim/Company
1717 N Bay Shore Dr, APT 3353
Miamia, florida, 33132 City/State and Zip Code
made in italy ft @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 8963495 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

TO:

Registration Section

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**

	USA LLC
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L 1.7000 2 412 41</u> .	ed on11/22/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 ALI
(Principal office address MUST BE A STREET ADDRESS)	
	2
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 agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	zifrzene

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 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>	<u>Name</u>	Address	Type of Action
AMBR		55 N∈ 5th Amenue	□ Add
	Agency Inc.	Suite 501, Buca Raton, \$1,3343	2_ ⊞ Remove
			□Change
AMBR	Marinelli, Lucia Angela	1117 N Bay Shore Or, AP+ 335	3_ 3 Add
		miami, fl, 33132	□Remove
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