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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 Nan	ne)
(Do	cument Number)	
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T. MATTHEWSMAR 1 4 2022

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: LAVELLO USA LLC Name of Limited Liability Company
The en	sclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	MARIOLA CTERWINSKI Name of Person
	Firm/Company Tr O/1 (Done O Tr Tr)
	7024 PROSPERITY CIE
	SARASOTA FL 34238 City/State and Zip Code MCZENIO I NSKI 2 6 CMAIL. COST
	City/State and Zip Code MCZERUS (WSK) Q & CMA1L . COST E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	MARICAL CZERWINSKI at (94) 552-6970 Name of Person Daytime Telephone Number
Enclos	sed is a check for the following amount:
xi sa	15.00 Filing Fee Solution Status Solution Stat

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

	Or		22 N.W -3 PI	13:16	
LAVELLO	USA	LLC	<u> 22</u> 1.	7 0. 70	
	Liability Company as it Florida Limited Liability				
The Articles of Organization for this Limited Liab	ility Company were f	iled on	/19/201	Sand assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, <u>enter the new name of th</u>	ne limited liability co	mpany here:			
The new name must be distinguishable and contain the word	is "Limited Liability Com	pany," the designation	on "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)				
			· -		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				
			<u> </u>		
B. If amending the registered agent and/or reg		s on our records.	enter the name	of the new registered	
Name of New Registered Agent:	KAZIMI	ERZ	FIDZI	NSKI	- ^
New Registered Office Address:	2230	INDVS	1/2/AC	BLVI) UNII	
	SARM	Enter Florida stree	i address Florida	34234	
	Cit	ļv —		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 Mo	ember

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
	<u></u>		□ Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			Fich

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo	ve date, if other than the date of filing: 1
ord is tile	A specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	February 25 2022
	Signature of a member or authorized representative of a member
	Hariole CZERWINSKI
	· //Write Czerwinski

Filing Fee: \$25.00

Typed or printed name of signee