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3/5/23. 12:50 PC Determined of States Division of Compositions Division of Compositions ElectronialFilling/Cover Shyet	575
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To: Division of Corporations Fax Number : (350)617-6383	
From: Account Name : GARY, DYTRYCH & RYAN, P.A. Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388	
**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please Email Address: evelien@ducadelcosma.com	
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(H230000852593)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUCA DEL COSMA, 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 09/19/2019 and assigned Florida document number L19000229525

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1201 U.S. HIGHWAY ONE, STE. 415

NORTH PALM BEACH, FL 33408

1201 U.S. HIGHWAY ONE, STE. 415

NORTH PALM BEACH, FL 33408

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:			
	ۍ ۲		
New Registered Office Address:	Enter Florida street address	<u>ح</u>	
	. Florida		
	City	. Zip Cogle,	<u></u>
New Registered Agent's Signature, if changing Registered Agent:		مر	С.

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

AMBR =	Authorized Member		(H23000085259 3)
<u>Title</u>	Name	Address	Type of Action
MGR	MOREU, DIEDERIK	1201 U.S. HIGHWAY ONE	🖸 Add
		NORTH PALM BEACH, FL 33408	■Remove
		<u>_</u>	Change
MGR	GASTEL, SJEF V	DUCA DEL COSMA BV	🗆 Add
		DE CORRIDOR 27	ERemove
		3621 ZA BREUKELEN NE	Change
MGR	THIELE, LAURENS	DUCA DEL COSMA BV	🔲 Add
		DE CORRIDOR 27	□Remove
		3621 ZA BREUKELEN NE	Change
MGR	STOFFBERG, ADOLF	DUCA DEL COSMA BV	
		DE CORRIDOR 27	🛛 Remove
		3621 ZA BREUKELEN NE	□Change
MGR	LAUWERS, EVELIEN	1201 U.S. HIGHWAY ONE, STE. 415	🗆 Add
		NORTH PALM BEACH, FL 33408	Remove
		<u> </u>	EChange
·			□Add
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Note: If	e date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 6, 2023
	· m_
	Signature of a member of authorized representative of a member

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

Filing Fee: \$25.00

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