## L19 CCC 234463

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (Only States 2 pri Hone m)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| г                                       |
| Special Instructions to Filing Officer: |
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## COVER LETTER

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TO:

| TO: Registration Se<br>Division of Cor |  |  |   |
|--|--|--|---|
| SUBJECT:                               | Exor Holdin<br>Name of Limit                 | ss LLC   |   |
|  | Name of Lim <del>ă</del>                     | €d Liability Company   |   |
| The enclosed Articles of               | Amendment and fee(s) are subn                | nitted for filing.   |   |
|  | ondence concerning this matter to            | _  |   |
|  | Lorg   | 20 Cordeiro Name of Person                                       |   |
|  |  | Name of Person   |   |
|  | - xo   | Firm/Company   |   |
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|  | /\k  | iani FL  |   |
|  |  | City/State and Zip Code  | <del></del>   |
|  | E-mail address: (to                          | be used for future annual report notification                    | ation)  |
| For further information c              | oncerning this matter, please ca             | N:   | 4)  |
|  |  | at ( )   | <b>(</b> )  |
| Name o                                 | f Person                                     | at () Daytime T  | elephone Number   |
| Enclosed is a check for the            | ne following amount:                         |  |   |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres                         |  | Street Address:  |   |
| Registration S<br>Division of C        |  | Registration Secti<br>Division of Corpo                          |   |
| P.O. Box 632                           | •  | The Centre of Tal  |   |
| Tallahassee, 1                         | FL 32314                                     | 2415 N. Monroe S   |   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Exor  | Holdings L   | . [ ]                                       |
|---|--|---|
| (Name of the Limited Liabili<br>(A Florid   | ity Company as it now appears of<br>a Limited Liability Company) | our records.)                               |
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L</u> [90023 4467 | company were med on  | 1 17 2019 and assigned                      |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the lim  | ited liability company here:                                     |   |
| The new name must be distinguishable and contain the words "Lim   | nited Liability Company," the desig                              | nation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  | <del></del>                                 |
| Principal office address MUST BE A STREET ADDI  | RESS)  |   |
|   |  | (1)   |
| Enter new mailing address, if applicable:   |  |   |
| Mailing address MAY BE A POST OFFICE BOX)   |  | 1 t ·                                       |
|   |  |   |
|   |  | ≦ フ   |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our reco                                     | rds, enter the name of the new regist       |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  | <del></del>                                 |
|   | 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

| <u>Title</u> | <u>Name</u>          | Address      | Type of Action |
|--------------|----------------------|--------------|----------------|
| CEO          | Lorenzo Cordeiro     |              | □Add           |
|              |                      |              | Remove         |
|              |                      |              | Change         |
| Chairman     | Luca Cordero D. Mont | rzemolo      | □Add           |
|              |                      |              | Remove         |
|              |                      |              | □Change        |
| Secretury    | Daniel Pombo         |              | ⊡∧dd ⊘         |
|              |                      |              | Kemove         |
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| ective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be prior to date of filing or more tee. If the date inserted in this block does not meet the applicable statutory filing returnent's effective date on the Department of State's records. |   |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t<br>s filed.   | he earlier of: (b) The 90th day after the |
| ed July 6th 2021   |   |
| Your Alasa   |   |
| 71 1 W (   | <del></del>                               |
| Signature of a member or authorized representative of a  | a member                                  |