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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	BARDI US	A LLC			
SOBJEC	1:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		GIANNI ARNABOLDI			
			Name of Person		_
		BARDI USA LLC			
Firm/Company					-
3520 NORTH FEDERAL			HWY	2027-1. S-2017	
			Address		
		FORT LAUDERDALE FI	.L		<u>-</u> :
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		- : :
		G.ARNABOLDI@BARDI			
			to be used for future annual report no	stification)	. 2
For furthe	r information co	oncerning this matter, please c	all:		
GIANNI	ARNABOLDI		954 8499620 at ()		
	Name o	f Person		me Telephone Numbe	 г
Enclosed	is a check for th	ne following amount:			
₩ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
F []	Hailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oc Street, Suite 8	310

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARDI USA LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 09/19/2019	and assigned
Plorida document number L19000237579	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
		7.
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		•=
		•
inter new mailing address, if applicable:		 ا 'مد
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
DE TOOT OF THE BOXY		* * * * * * * * * * * * * * * * * * *
 If amending the registered agent and/or register gent and/or the new registered office address here 	ed office address on our records, <u>enter th</u> :	ne name of the new regist
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zin 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 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	SILVANA TREGUA	3520 NORTH FEDERAL HWY	= Add
		 	Remove
			Change
MGR	MASSIMO BARDI		🗆 Add
		MASSIMO BARDI	=Remove
			Change
			□ Add
			Remove
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ective date, if other of the other is listed at the other of the other other of the	ner than the da xl, the date must be	te of filing: specific and cann	t be prior to date	of filing or more th	(optiona an 90 days after filia	d) ng.) Pursuant to 605,020
te: If the date insecument's effective	rted in this block	does not meet t	he applicable s	atutory filing req	uirements, this da	te will not be listed a
	·					
	layed effective da	te, but not an ef	Tective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after the
s filed.						
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03/05/2024 ted						
03/05/2024 ted		.(_ 1	\mathcal{O}	MAN	MERZ	

Filing Fee: \$25.00