

L19000254129

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000312568 3))



H210003125683ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KATZ BARRON
Account Number : 072627002473
Phone : (305)856-2444
Fax Number : (305)860-2588

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 AUG 19 AM 10:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2021 AUG 19 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRILLIONS GMBH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 20 2021

A. LUNT

H21000312568 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trillions GMBH, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 AUG 19 AM 10:13

The Articles of Organization for this Limited Liability Company were filed on 10/09/2019 and assigned

Florida document number L19000254129.

This amendment is submitted to amend the following:

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

Trillions USA, LLC

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)

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:

New Registered Office Address:

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

H21000312568 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Patty A Intriago Salvatierra	2600 S Douglas Road	<input checked="" type="checkbox"/> Add
		Suite 805	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2021 AUG 19 AM 10:17

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2021 AUG 19 AM 10:17

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 20 2021

Pongiluppi Eleuteri
Signature of a member or authorized representative of a member

Pier V. Pongiluppi Eleuteri
Typed or printed name of signer