# 419000300123

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	Address)	
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PICK-UP	WAIT	MAIL
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()	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	lling Officer:	





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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

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ENTITY NAME Ekicorp USA, LI	_C		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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DOCUMENT NUMBER				
**P!	LEASE FILE THE ATTACHED	AND RETURN**		
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**PLEASE U	BTAIN THE FOLLOWING FOR	THE ABOVE ENTITY	ALE O	
Certif	ied Copy of Arts & Amendments			
Certif	ficate of Good Standing			_
**41	OSTILLE' / NOTARIAL CE	RTIFICATION**		
COUNTRY OF DESTINATION				
NUMBER OF CERTIFICATES REQU	UESTED			
TOTAL OWED \$25	Α	CCOUNT #: 120160	000072	
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Please call Tina at the above	/ /. /- /			4/

### **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
Ekicorp US	SA LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub	•		
	Giorgio E Gianella			
	-	Name of Person		
	Ekicorp USA LLC			
		Firm/Company		
	2800 Glades Cir Suite 148	3		
	1	Address		
	Weston, Florida, Zip 3332	77		11 231
	giorgio@ekicorp.com	City/State and Zip Code	27.00	MIS 30 A 2 0 :6 HW 8-
		to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:	ب ب	WI S: OI
Giorgio E Gianella		786 8307696 at ()		
Name o	of Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address:	ation	
Division of C	orporations	Registration Se Division of Cor		
P.O. Box 632		The Centre of T	allahassee	^
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 81	0

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ekicorp USA LLC				
(Name of the Limi	ted Liability Compa (A Florida I inited I	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L19000300123	iability Company	were filed on 12/09/2	2019	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
				discount of the
he new name must be distinguishable and contain the v	vords "Finided Fiabil			
Enter new principal offices address, if applic	rable:	2800 Glades Cir Sui	te 148, Weston, Fl 333	T-MALE T
Principal office address MUST BE A STREE	ET ADDRESS)			12.
		<del></del>	<u> </u>	
Enter new mailing address, if applicable:		2800 Glades Cir Sui	te 148, Weston, FL333	: ds 27 ≥
Mailing address MAY BE A POST OFFICE BOX)			ψo	9
		<u> </u>		0_
<ol> <li>If amending the registered agent and/or regent and/or the new registered office addresses.</li> </ol>		address on our recor	ds, <u>enter the name</u>	of the new regis
Name of New Registered Agent:				
New Registered Office Address:	2800 Glades Ci	ir Suite 148		
		Enter Florida si	reet address	
	Weston		, Florida	7
		City		Zij-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. Thereby 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>	Name	Address	Type of Action
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_∃Add
			□Remove
			_□Change
		end Con- end	⊒Add
		AND TO AN OFFICE OF STREET	
		OF STATE	□Change
		9: 01	_ □Add
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Signature of a member or authorized representative of a member	5th of July	2024	; ——————				
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		ignature of a member	or avihorized rej	resentative of a me	mber		

Filing Fee: \$25.00