

121000021029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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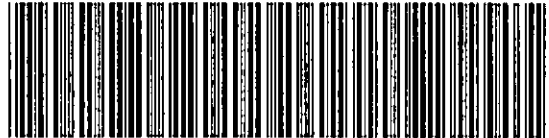
(Business Entity Name)

(Document Number)

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NOV 12 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLO SUPPLY USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN I PANNUZIO

Name of Person

FLO SUPPLY USA LLC

Firm/Company

9721 SUNRISE LAKE BLVD APT 303

Address

SUNRISE-FL 33327

City/State and Zip Code

n/a

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan I. Pannuzio 786 633-2351
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLO SUPPLY USA LLC

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

2021 NOV - 1 PM 2:06

The Articles of Organization for this Limited Liability Company were filed on 01/07/2021 and assigned Florida document number L21000021029

This amendment is submitted to amend the following:

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

N/A

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)

9721 SUNRISE LAKE BLVD APT 303

SUNRISE-FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9721 SUNRISE LAKE BLVD APT 303

SUNRISE-FL 33327

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:

JUAN I PANNUNZIO

New Registered Office Address:

9721 SUNRISE LAKE BLVD APT 303

Enter Florida street address

SUNRISE


City

Florida 33327

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FACUNDO TORRES BARSANTI	2440 NE 209TH TERRACE	<input type="checkbox"/> Add
		MIAMI-FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN I PANNUZIO	2440 NE 209TH TERRACE	<input type="checkbox"/> Add
		MIAMI-FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PABLO GUSTAVO PANNUNZIO	9721 SUNRISE LAKE BLVD APT 303	<input checked="" type="checkbox"/> Add
		SUNRISE-FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN IGNACIO PANNUNZIO	9721 SUNRISE LAKE BLVD APT 303	<input checked="" type="checkbox"/> Add
		SUNRISE-FL 33327	<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

NONE

(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)

Dated 22th Of October 2021

Typed or printed name of signee