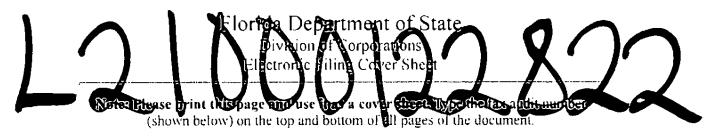
7/3/24, 10:33 AM

Division of Corporations



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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 : ELO ENTERPRISES, INC

Account Number : I20150000109 : (561)544-8862 Phone Fax Number : (954)697-0130

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

sales@eloenterprises.us

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEDEPRAFLAVIA USA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00

M. SOLOMON

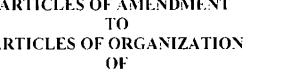
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Electronic Filing Menu Corporate Filing Menu

Help

To: 1 Sunbiz Emenda 6383 Page: 2 of 4 2024-07-03 14:36:22 GMT From: Lyslei Chirico

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



PEDEPRAFLAVIA USA, LLC.		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000122822}{1.000122822}$ .	were filed on 03/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabih	ty Company," the designation "ELC" or the abb	eviation "L L.C"
·	(. ,	202
Enter new principal offices address, if applicable:		- 1.23 <del></del> 1.23 <b></b>
(Principal office address MUST BE A STREET ADDRESS)	distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "ELC"  If offices address, if applicable:    Areas MUST BE A STREET ADDRESS	
		<u>——ॐ                                   </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)	ng address, if applicable:	
		<b>6</b>
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street uddress	
	, Florida	
	City	Zip Coxle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance of my duties, and I am fa royided for in Chapter 605, F.S. Or, is address, I hereby confirm that the limi	miliar with and This document is

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-heing added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	DORIA SOLARINO, FLAVIA	2125 NW 115th AVE	DAdd
		MIAMI, FL 33172	Remove
			□Change
MGR	DANIELA DE CASTRO ANTUNES	7529 NW 114th PATH	■Add
		MEDLEY, FL 33178	□Remove
			2024 JUL -3 EMECKINAY EMITAAA SSE
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From: Lysler Chirico

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ffective date, if other than	the date of filing:	date of films or more than 90 days at	etional) der filing i Pursuant to 605	0207 (3)
ote: If the date inserted in thi	is block does not meet the applicable Department of State's records.	le statutory filing requirements, t	his date will not be liste	d as the
ocument's effective date on th	e Department of State's records.			
record specifies a delayed effe	ective date, but not an effective time	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after	the
l is filed.	·		•	
, JULY 1st	2024			
ated	Day 10/2 10 000	 La sala Langa		
	Daniela de Castro Antones Cial 3,	tro Antunes		
<del></del>	Signature of a member or authori		<del></del>	
DANIELA DE CA	STRO ANTUNES - Manager			