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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : 120170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod0723@gmail.com

2024 OCT -2 PM 2:02
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SECRETARY OF STATE
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CECCONELLO USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2024 OCT -2 PM 1:45

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

CECCONELLO USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/30/2021 and assigned Florida document number L21000186876.

This amendment is submitted to amend the following:

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

WHOLESALE BR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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) _____

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TALLAHASSEE FL

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

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	MARCELLA HAACK	7131 GRAN NATIONAL DR UNIT 103 ORLANDO, FL 32819	REMOVE
MGR	ALFREDO TRINDADE NETTO	7131 GRAN NATIONAL DR UNIT 103 ORLANDO, FL 32819	ADD
MGR	JOSE EDUARDO BRIGONI	7131 GRAN NATIONAL DR UNIT 103 ORLANDO, FL 32819	ADD
MGR	ISABELA ADAM	7131 GRAN NATIONAL DR UNIT 103 ORLANDO, FL 32819	ADD

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

BUSINESS PRIME, LLC

AMBR

100%

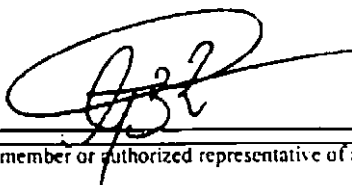
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 OCTOBER 1, 2024



Signature of a member or authorized representative of a member

DIOGO ROCHA

Typed or printed name of signee