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COVER LETTER

Division of Cor	porations		
ETTICA	USA LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rodrigo Aguiar		
		Name of Person	
	Modella LLC		
		Firm/Company	www.dirdh
	12501 SW 50th Street, Un	it 102	
		Address	<u></u>
	Miramar, FL 33027		
	rodrigo@modellallc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificati	ion)
For further information c	concerning this matter, please c	all:	
Rodrigo Aguiar		954 998-9055	
Name o	of Person	at ()	lephone 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 (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ETTICA 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 Florida document number L21000282787 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 420 Spanish Wells Rd Enter new principal offices address, if applicable: Summerville, SC 29486 (Principal office address MUST BE A STREET ADDRESS) 420 Spanish Wells Rd Enter new mailing address, if applicable: Summerville, SC 29486 (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: Oreste Haig Novelino Name of New Registered Agent: 714 NW 44TH TER 202 New Registered Office Address: Enter Florida street address , Florida 33442 DEERFIELD BEACH

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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			□Change

If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessar	ry.)
		•••

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If an effective date is liste Note: If the date inse	der than the date of filing:	g.) Pursuant to 605.0207
record specifies a del d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The state of the carrier	he 90th day after the
July 12th	2022	11]W!
Dated		
		2022 JUL 19 PH
	Signature of a member or authorized representative of a member	
SILVIO LI	UIZ LIMONGI LOPES	
	Typed or printed name of signee	- ကို ကို ယ