Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **5NB USA LLC**

Certificate of Status	0
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A. LUN'I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5NB USA LLC	_				
(Name of the Limits	d Liability Compa A Florida Limited L	ny as it new appears on on Jability Company)	r recorus.)		
The Articles of Organization for this Limited Li	-		10, 2021	_ and assigned	
Florida document number 1.21000359611	·				
This amendment is submitted to amend the follow	owing:	•			
A. If amending name, enter the new name of	the limited liab	ility company here:			
SNB USA LLC		9 d - 1 - 1 - 1 - 1	ion "I I (" or the abbri	vintion "L.L.C."	
The new name must be distinguishable and contain the w	ords "Limited Liabi.	lity Company," the designat	KON LICE OF THE SECOND	, <u> </u>	
Enter new principal offices address, if applie	N/A				
(Principal office address MUST BE A STREE		N/A			
(Principal office dates most be Assista		N/A		2	<u>-</u>
				21 /	25.5
		N/A		Ju P	<u> </u>
Enter new mailing address, if applicable:		N/A		ယ	_8₹.
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
-		N/A			-370
			_	. 5	
B. If amending the registered agent and/or a agent and/or the new registered office addre	registered office ss berg:	address on our record	ls, <u>enter the nume</u>	of the new res	THEST
Name of New Registered Agent:	N/A			<u> </u>	
	N/A				
New Registered Office Address:		Enter Plorida si	reet address		
	N/A		, Florids		
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agen	<u>t</u>			
I hereby accept the appointment as registery provisions of all statutes relative to the projection accept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and ag per and complet istered agent us registered offic	ree to act in this cape te performance of my	ter 605 F.S. Or.	if this docume	vith the nd nt is
		N/A			_

If Changing Registered Agent, Signature of New Registered Agent

3052201440

If amending Authorized Person(s) authorized to manage, gnter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	ENRIQUE FANTL	AV SAN ISIDRO 4231 BD	
		CIUDAD AUTONOMA, BA.	Remove
		C1429ADD, AR	□ Change
			DAdd
			Remove
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			☐ Change
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If amending any other information, enter change N/A	·	, 9	×
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ng m	5/2021		
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cument's effective date on the Department of State's re	xorás.		
scord specifies a delayed effective date, but not an effer			
is filed.	Aive time, at 12:01 a.m.	on the carlter of; (b)	The 90th day after the
0004			
ted 08/25 , 2021			
Signature of a member	or authorized representativ	a of a mamba	
<i>y</i>	- The second of	o or a machine.	

Typed or printed name of signer