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T. MATTHEWS

JAN 2 5 2022

COVER LETTER

Division of Corp	orations					
EDIFICA US	SA 2 LLC					
Solvicor.	Name of Lir	nited Liability Company	<u>.</u>			
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	Olga Vodolazschi					
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
	OV Law Group					
	Firm/Company					
	2806 Prairie Avenue					
		Address				
	Miami Beach, FL 33140					
		City/State and Zip Code				
	olgav@ovlawgroup.com					
		(to be used for future annual r	eport notification)			
For further information con	cerning this matter, please c	all:				
Ołga Vodolazschi			0708			
Name of P	Person	at () Area Code	Daytime Telepho	one 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)		
Mulling Address		Sa	1			

TO:

Registration Section

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

22 - 10 12 3: 34 **EDIFICA USA 2 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 12/08/2021 ___ and assigned Florida document number L21000517116 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BEA 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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

Title	Name	Address	Type of Action
MGR	Sergio Mauricio Grieve Bolognesi	600 GRAPETREE DR APT 9GS,KEY BISCAYN	E, F L ■Add
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Note: If the date inserted in this block document's effective date on the Depthe record specifies a delayed effective ord is filed.	k does not meet the applicable artment of State's records. date, but not an effective time,	statutory filing requirements, this d at 12:01 a.m. on the earlier of: (b)	ate will not be listed as t
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Filing Fee: \$25.00