

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000517419

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

From: Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (855)330-1010

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

Email Address: \_\_\_\_\_

2022 APR 22 PM 12:30

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CONFIDIA USA LTD. LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED  
 DIVISION OF CORPORATIONS  
 2022 APR 22 AM 9:16  
 APPROVED  
 AND  
 FILED

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

Confidia USA Ltd. 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 12/07/21 and assigned Florida document number L21000517419.

This amendment is submitted to amend the following:

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

Confidia USA LLC

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 BE A POST OFFICE BOX)

APPROVED AND FILED  
2022 APR 22 AM 9:16  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

**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>                   |
|--------------|---------------------------|---------------------------|---|
| <u>AMBR</u>  | <u>Christopher Muller</u> | <u>170 Sumach St</u>      | <input checked="" type="checkbox"/> Add |
|              |                           | <u>Apt 1903</u>           | <input type="checkbox"/> Remove         |
|              |                           | <u>Toronto, ON M5A3H7</u> | <input type="checkbox"/> Change         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Add            |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Remove         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Change         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Add            |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Remove         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Change         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Add            |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Remove         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Change         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Add            |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Remove         |
|              |                           | <u>_____</u>              | <input type="checkbox"/> Change         |

