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COVER LETTER

Division of Co		•	
ELFA'USA	ALLC'		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter	_	
	GIANNETONIUTTI		
		Name of Person	
	TOSOLINE, TONIULTE	& PARTNERS	
	-1, 3	Firm/Company	4.444
	407 LINCOLN ROAD, SU	JITE 11C, MIAMI BEACH FL 331	39
	 -	Address	
	MIAMI BEACH, FL 3313	9	
		City/State and Zip Code	
	gianni.toniutti@ttandpartne		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
GIANNI TONIUTTI		305 534-0420 at ()	
Name o	nf Person		e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	etion
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELFA USA LLC					
(Name of the Limited Liabilit	y Company as it now appears on our Limited Liability Company)	records.)			
The Articles of Organization for this Limited Liability Co	() 2	22/22 and assigned			
Florida document number 1.22000095664	<u>_</u> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	 _				
(Principal office address MUST BE A STREET ADDR	ESS)				
Enter new mailing address, if applicable:		HAR TO			
~		5.5			
(Mailing address MAY BE A POST OFFICE BOX)		m. o m			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	enter the name of the registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stred	t address			
		Florida Zip Code			
	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>	Address	Type of Action
MGR	IMPARATO, FEDERICO	407 LINCOLN ROAD, SUITE 11-C	€Add
		MIAMUBEACH, FL 33139	⊒Remove
			IChange
			□Add
		 	□ Remove
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ective date, if other the effective date is listed, the term of the date inserted in turnent's effective date of	n this block does no	t meet the applicat	date of filing or more the statutory filing rec	(optional) han 90 days after tiling.) quirements, this date w	Pursuant to 605.020 vill not be listed as
cord specifies a delayed	effective date, but n	ot an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
cord specifies a delayed s filed. MARCH 15		2022			90th day after the
cord specifies a delayed s filed. MARCH 15		2022		ne earlier of: (b) The	90th day after the

Filing Fee: \$25.00