(Requestor's Name)  (Address)	600383497956		
(Address)	000000407000		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	03/30/2201005021 **25.00		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	ZOZZ HAR 30 FH 2:3		
	2:32 ED		

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fáx (850) 222-1222

LAMBRO UA LLC				
	<del></del>			
· · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File
	<u> </u>			LTD Partnership File
				·
				Foreign Corp. File
				<del></del>
				Fictitious Name File
			<del></del>	Trade/Service Mark Merger File
				Art, of Amend, File
		Į	<del></del>	RA Resignation
			<del></del>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			<del></del>	Certificate of Good Standing
			<del></del>	Certificate of Status
			<del></del>	Certificate of Fictitious Name
			<del></del>	Corp Record Search
				Officer Search
				Fictitious Search
C.	<del>-</del> - · <u>-</u> · .			Fictitious Owner Search
Signature				Vehicle Search
	<b>-</b>			Driving Record
Requested by: SETH	00/00/05			UCC 1 or 3 File
	03/28/22	<del></del>		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

TO:	Registratio Division of	on Section Corporations		
SUBJEC	LAMB	RO UA LLC		
		Name of	Limited Liability Company	
The enclo	sed Article	s of Amendment and fee(s) are	submitted for Chair	
		espondence concerning this mat		
		Albert Corrada		
			Name of Person	<del></del>
		Albert Corrada СРА		
			Firm/Company	
		2655 LeJeune Road Sui	te 902	
			Address	
		Coral Gables, FL 33134		
		<del> </del>	City/State and Zip Code	
		асоггаdа@corradacpa.cor		
For further	· informatio	E-mail address n concerning this matter, please	s: (to be used for future annual report not	lification)
		n concerning this matter, please	call:	
Albert Cor	rada 		305 804-8569	
	Nam	c of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check fo	r 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)
Re Di P.	O. Box 63	i Section Corporations	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

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

LAMBRO UA LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa		and and and
Florida document number L22000098248		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
LAMBRO USA LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.I.C."
Enter new principal offices address, if applicable:		~3
(Principal office address MUST BE A STREET ADDRESS)		777
_		AR T
		30
Enter new mailing address, if applicable:		SOC E
(Mailing address MAY BE A POST OFFICE BOX)		190 = <b>0</b>
		723 O
R If amonding the	-	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the n	name of the new registered
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code
Agent Spirit Agent 5 Signature, if Changing Registered Agent	4.	

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
		<del></del>	□Change
			□Add
			□Remove
			□Change
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Effective date, if fan effective date is Note: If the date document's effect	other than the dat listed, the date must be nserted in this block we date on the Depar	specific and cannot be does not meet the a timent of State's rec	prior to date of filin pplicable statutory ords.	(option gor more than 90 days after the filing requirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as a
record specifies and is filed.	delayed effective date	te, but not an effecti	ive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated March 28		2022			
_		. 1			
			authorized represen		