

Florida Department of State
Division of Corporations
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L22000140874

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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

****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 MAY 27 PM 12:23

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S-TIER GMBH, LLC**

Certificate of Status	0
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FILED

2022 MAY 27 PM 2:41

APPROVED
AND
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H22000187799 3

S-Tier GMBH, 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 April 5, 2022 and assigned Florida document number L22000140874.

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 BE A 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*

_____ 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

APPROVED AND FILED
MAY 27 PM 2:14
2022

If amending Authorized Person(s) authorized to manage, enter the title, name, and address H22000187799 3
or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudio Castagnoli	1000 Jackson Street	<input type="checkbox"/> Add
		Toledo, Ohio 43604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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