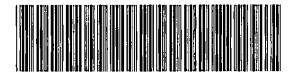
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2022 HAY 19 AM 9: 29 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor				
OT IN THE STREET		ELO USA LLC		
SUBJECT:	Name of Lim	ited Liability Company		-
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SILVIA GUTTI			
		Name of Person		<u>_</u>
	BELLESTAR MANAGEM	MENT LLC		
		Firm/Company		
	6001 BROKEN SOUND F	PKWY NW STE 420		
		Address		
	BOCA RATON, FL 33487	7		
		City/State and Zip Code		
	SILVIA.GUTTI@BELLES			
	E-mail address: (to be used for future annual rep	port notification)	
For further information c	oncerning this matter, please ca	all:		
SILVIA	GUTTI	at ()	994-5954	
Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for t	ne 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 S		Street Add Registrati	<u>ress:</u> ion Section	
Division of C			of Co rp oratio	ns
P.O. Box 632	.7		re of Tallahas	
Tallahassee, l	FL 32314	Monroe Street	, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 19 AM 9: 29 LE PETIT VELO USA LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4/21/22 The Articles of Organization for this Limited Liability Company were filed on and assigned L22000192074 Florida document number ___ 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

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

, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Yessica González	325 S Biscayne Blvd, Apt 1719	■Add
		Miami, FL 33131	□Remove
			□Remove
			□Change
			□Remove
			□ Change
			🗖 Add
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effective date is listed	, the date must be speci led in this block does	itic and cannot be prior	to date of filing or	more than 90 days at	fter filing.) Pursu		
	ate on the Departmen			6 .04			
cord specifies a dela s filed.	yed effective date, b	ut not an effective t	ime, at 12:01 a.m	i, on the earlier of:	(b) The 90th	day afte	r the
cd	MAY 17	2022					
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