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A. BUTLER
DEC 1 8 2023

COVER LETTER

Division of Co			
PALLADI	O USA LLC		
SUBJECT:	Name of Lin	nited Liability Company	*****
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICOLA NINFOLE		
		Name of Person	
	PALLADIO USA LLC		
		Firm/Company	
	520 BRICKELL KEY DR	UNIT 1015	
		Address	
	MIAMI, FLORIDA 3313		
		City/State and Zip Code	
	JIMENEZACCOUNTING E-mail address: (@GMAIL.COM to be used for future annual report notification)	
For further information c	oncerning this matter, please c	·	
NICOLA NINFOLE		305 300-1222	
Name o	f Person	at () Area Code Daytime Telephone	Number
		·-	
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

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

PALLADIO USA LLC

FILED

Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Liability Con	npany as it now appears o	n our recall@n	
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 "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	(A Florida Limite	ed Liability Company)	TOES DEU -	7 PH 1:39
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 "LLC." 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	he Articles of Organization for this Limited Liability Compa forida document number 1.23000064493	my were filed on $\frac{02/03}{2}$	/2023	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	his amendment is submitted to amend the following:			
Enter new principal office 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 region and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	. If amending name, enter the new name of the limited li	ability company here	;	
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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	ne new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	gnation "LLC" or the abb	reviation "L.L.C."
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New Registered Office Address: Enter Florida street address Florida				
3. If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	nter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	<u> Aailing address MAY BE A POST OFFICE BOX)</u>			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida				
New Registered Office Address: Enter Florida street address Florida	. If amending the registered agent and/or registered offic <u>cent and/or the new registered office address here</u> :	ee address on our reco	ords, <u>enter the name</u>	of the new regist
Enter Florida street address . Florida	Name of New Registered Agent:			
. Florida	New Registered Office Address:			
		Enter Florida	street address	
City Zin Code	<u></u>		, Florida	Zip Code

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	PABLO ALVAREZ RODRIGUEZ	520 BRICKELL KEY DR UNIT 1015	Z Add
		MIAMI, FLORIDA 33131	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove

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(II an ef <u>Note:</u>	(optional) fective date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
, Dated	NOVEMBER 6TH 2023 Markete
	Signature of a member or authorized representative of a member
	NICOLA NINFOLE
	Typed or printed name of signee

Filing Fee: \$25.00