Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003404923)))



H2306034049234BC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future $ilde{-}$ annual report mailings. Enter only one email address please.

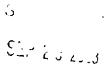
_							
Em	3 7 1	L A	เสล	20	c	c	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KARGHO USA LLC

Certificate of Status	()
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu —

Help



Fax 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

nter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX)** The summation of the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	KARGHO	USA LLC	
orida document number L23000217934 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Lability Company," the designation "LLC" or the abbreviation "LLC" or t	(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Etability Company," the designation "LLC" or the abbreviation "LLC" or the abbrevia	ne Articles of Organization for this Limited Liability Company	v were tiled on05/03/2023	and assigned
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrevia	orida document number <u>L23000217934</u>		,
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevianon "LLC" or the abbrev	nis amendment is submitted to amend the following:		
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new reent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	. If amending name, enter the new name of the limited lial	bility company here:	
nter new mailing address, if applicable: **Italling address MAY BE A POST OFFICE BOX)* If amending the registered agent and/or registered office address on our records, enter the name of the new reent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street ad	te new name must be distinguishable and contain the words "Limited Liab	thy Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new mailing address, if applicable: **Auiling address MAY BE A POST OFFICE BON;** If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	nter new principal offices address, if applicable:		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Principal office address MUST BE A STREET ADDRESS)		~
Address MAY BE A POST OFFICE BOX) The amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Mailing address MAY BE A POST OFFICE BOX) G The sum of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address			
New Registered Office Address: New Registered Office Address: Enter Florida street address Enter Florida street address	nter new mailing address, if applicable:		
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Tailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address		address on our records, enter the na	me of the new regis
New Registered Office Address: Enter Florida street address	gent and/or the new registered office address here:		
New Registered Office Address: Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		·
	New Registered Office Address:		
Florida		Enter Florida street address	
		Ciņ	Zip Code
	hereby accept the appointment as registered agent and ag	vee to act in this capacity. I further a	gree to comply wi

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. Thereby confirm that the limited liability company has been notified in writing of this change.

7/2023 14:37:15 PQT

Tc. 18506176383

Page 3/4

From Registered Agents Inc.

Fax: 8134365206

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	Gonzalo Rodolfo Vila	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			∏Add
			□Remove
			□Change
			[]Add
			□Remove
			☐ Change

i. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
_	
-	
_	
_	
	
_	
_	
_	
_	
(If an effe Note:	copyright of the street of filing:
ne record and as fib	specifies a delayed effective date, but not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated .	September 27 . 2023 .
	September 27 2023 **Control of a member of authorized representative of a member Signature of a mem
	Robin Jones
	Typed or printed name of signee