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COVER LETTER

CCT:	VALPAIL	IT USA LLC	
	Name of Lim	ited Liability Company	
closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	iSTVAU	BES ENYE!	
		Firm/Company	
	7050 FAIR	WAY BENID L	N # 267
	SARASOT	A テレ 34243 City/State and Zip Code	
her information c			heation)
NAN B	STUYE	at (941) #6	00 - 93 59 e Telephone Number
ed is a check for t	he following amount:		
5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division of Col CCT: closed Articles of return all correspondence of the color of the c	Name of Lim closed Articles of Amendment and fee(s) are sub- return all correspondence concerning this matter [STVA U] SARASOT IBESELY E-mail address: (c) ther information concerning this matter, please concerning this matter co	Division of Corporations CCT: WALPAJUT USA LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ISTVAU BESENYEL Name of Person Firm/Company TOSO FAIRWAY BENID LAD Address SARASOPA FL 34243 City/State and Zip Code IBESENYEL MAILS @ G MAI Beniall address; (to be used for future annual report not) ther information concerning this matter, please call: TVAU BESTUME at (941) FG Name of Person Area Code Daytime Sana Code Daytime Sana Code Certificate of Status Certified Copy Corporations Control of Status Certified Copy Control o

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

VALPAINT	USA LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company	were filed on $06/P/2023$ and assigned
Florida document number $_{\perp}23000282468$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ROLEM A	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	- β 3 3 1
	Florida TF
	/ City Zip
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

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
			□Add
			Remove
		<u> </u>	Change
	<u></u>		
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Note: If t	date, if other than the date of filing:
e record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	06/18 . 2023 .
	Signature of a member or authorized representative of a member
	ISTUAN BESENYE! Typed or printed name of signee.