

L24000070813

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:

Account Name : AVALON ACCOUNTING SOLUTIONS INC
Account Number : I20240000149
Phone : (954)945-0983
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DIVISION OF CORPORATIONS

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGESBEC LOGISTICS USA LLC

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K. SALY

DEC 26 2024

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

AGESBEC LOGISTICS USA 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 02/08/2024 and assigned Florida document number L24000070813.

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)

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

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TALLAHASSEE, 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>	<u>Type of Action</u>
MGR	CRISTINA DRAGO	AV NICOLA DEMARCHI 1500	<input type="checkbox"/> Add
		SAO BERNARDO DO CAMPO, SP 09820-655 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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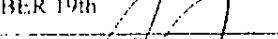
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ITALIA ASSOCIATION

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DECEMBER 19th 2024



Signature of a member or authorized representative of a member

RICARDO DRAGO, MGRM

Typed or printed name of signee