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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : 120160000000 Phone : (407)674-8969

Fax Number

: (487)674-8976

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZANON EXPAND US LLC

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T. LEMIEUX MAY 28 2024 . 3.

# ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION OF ZANON EXPAND US LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 05/15/2024 and assigned Florida document number: L24000226638

#### Article I

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."

#### Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

			27	
Enter new mailing address, if app (Mailing address MAY BE A POS	nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		HA 12 AVH	
	Article IV	STATE	2: 10	

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:

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

Title	Name	Address	Type of Action		
AMBR	GONCALVES CANNIZZA, LEONARDO	RUA PAULO ROQUE, 1111 QD 41 LT 11	REMOVE		
		SÃO JOSE DO RIO PRETO, SP 15093-323	BR ADD		
AMBR	BARBOZA ZANON, REINALDO	RUA ROT DOIS, 100 LT 01 QD 44	REMOVE		
		SÃO JOSE DO RIO PRETO, SP 15000-000	BR ADD		
AMBR	BARBOZA ZANON, LUIS GUSTAVO	RUA PROJETADA UM, 321 LT 03 QD 03	REMOVE		
		SÃO JOSE DO RIO PRETO, SP 15000-000 B	R ADD		
AMBR	ZX HOLDING US LLC	16192 COASTAL HIGHWAY	REMOVE		
		LEWES, DE 19958 US	ADD		
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					

## D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: MAY 23°, 2004.

LEONARDO GONCALVES CANNIZZA / AMBR

REINALDO BARBOZA ZANON / AMBR