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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations			
otto trom	LAPAG USA HOLDINGS LLC  Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Perla Sole Calas, Esq.			
	Name of Person				
		Corvo & Calas			
	Firm/Company				
	14750 NW 77th Court, Suite 300				
	Address				
		Miami Lakes, FL 33016			
			City/State and Zip Code		
		paralegal2@corvocalas.com	1 to be used for future annual report n	atification)	
For further in	nformation c	oncerning this matter, please ca		offication	
Perla Sole C	alas		305 827-0084		
	Name o	f Person	at () Area Code Days	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration S	Section	
Division of Corporations			Division of C	orporations	
P.O. Box 6327			The Centre of		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAPAG USA HOLDINGS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on September 17, 2024	and assigned
lorida document number L24000406127		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		in the second
		2
		A PH
nter new mailing address, if applicable:		PH 5:
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>' ਜੋ œ</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nai	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	$c_{iiy}$	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 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>	Type of Action
MGR	Marielena Pereira-Job	335 S Biscayne Blvd. Unit 2405	□Add
		Miami, FL 33131	□Remove
		<del></del>	= Change
			□ Add
			□Remove
			□Change
		_	DAdd
			Remove
		-	□Change
		_	□Add
			Remove
			□Change
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			□Remove
			☐Change
		_	□Add
			□Remove
			Channa

D. If amending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
- <u>-</u>	
<del></del>	
Oc	tober 10, 2024
<ol> <li>Effective date, if other than the date of filing:</li></ol>	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an efector is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 10 202	24
Signature of a member Juan Roberto Job	er or authorized representative of a member
Type	d or printed name of signce

. . . .

Filing Fee: \$25.00