Mazococa

(Re	equestor's Name)
(Ad	idress)
Ad)	dress)
(Cit	y/State/Zip/Phone #)
DICK-UP	
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	J. HORNE
	OCT 2 0 20
	~ .
	Office Use Only

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06.14/23--01014--010 **35.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2023

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TONY LONG 1305 PICKERING PKWY SUITE 400 PICKERING, ON L1V3P-2 US

SUBJECT: SUPPLIER MANAGEMENT SOLUTIONS LLC Ref. Number: M2300000002

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

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Letter Number: 523A00017515

Cur C 9 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

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SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: SUPPLIER MANAGEMENT SOLUTION		_	23 0
Enter new principal office address, if applicable:	NA		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE, A POST OFFICE BOX</u>)	NA		
2. The Florida document number of this limited li	ability company is: <u>M2300000002</u>		_
3. Jurisdiction of its organization: California			
4. Date authorized to do business in Florida: $\frac{12/2}{2}$	27/2022	<u> </u>	_
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: $\frac{T}{T}$ (must	RIGO ADR AMERICAS, LLC st contain "Limited Liability Company, " "L.L.C	" or "LLC	<u></u>)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	inaging members adopting the alternate name. T	da and attac he alternate	h a name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>enter the name</u> <u>address here:</u>	e of the new	
Name of New Registered Agent: NA			_
New Registered Office Address: NA	Enter Florida Street Address		_
	, Florida,	Zip Code	
New Registered Agent's Signature, if changing R Thereby accept the appointment as registered age	egistered Agent: ent and agree to act in this capacity. I further age	ree to compl	ly with

Thereby 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NA

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 If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: NA

Fitle/ Capacity	Name	Address	Type of Action
			🖸 Add
			🗌 Remove
			🗔 Add
			🗆 Add
	·····		🗔 Add
			🗆 Remove
		- <u>-</u> _,	🗆 Add
. Attached is a cert	ificate, if required: no more than 90 d	lays old, evidencing the	🗆 Remove
aforementioned a	mendment(s), duly authenticated by t t the law of which this entity is organi	he official having custody of records ized.	in the
	9	he authorized representative	
	Tony Long		



California Secretary of State

Business Programs Division 1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies Entity Name: TRIGO ADR AMERICAS. LLC Formed In: CALIFORNIA Entity No.: 201413210137 Entity Type: Limited Liability Company - CA Issuance Date: 08/30/2023 Copies Requested: 1 Receipt No.: 005028452 Certificate No.: 141479741

		Document Listing	
Reference #	Date Filed	Filing Description	Number of Pages
B1606-7541	04/24/2023	Amendment	1
	** **** *****	••••••• End of list ••••••••	

I, SHIRLEY N, WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on August 30, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

To verify the issuance of this Certificate, use the Certifcate No. above with the Secretary of State Certification Verification Search available at <u>bizfileOnline.sos.ca.gov</u>.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	TRIGO ADR AMERICAS, LLC
Entity No.:	201413210137
Registration Date:	02/19/2009
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 26, 2023.

× 5:-

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 132688835

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

	Secretary of State	LLC-2-NA	For Office Use Only
A REAL PROPERTY AND	Amendment to Articles of	· · · · · · · · · · · · · · · · · · ·	-FILED-
	Organization of a		File No.: BA20230714508
	Limited Liability Company (L	LC)	Date Filed: 4/24/2023
	Name Change Only		L
Filing Fee	\$30.00		
Certification	Fee (Optional) - \$5.00		
change the b address of th	ust file a Statement of Information (For usiness address(es) of the LLC or to c e LLC's manager(s) and/or agent for s filed online at <u>bizfileOnline.sos.ca.gov</u>	nange the name or ervice of process,	
			This Space For Office Use O
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