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COVER LETTER

Div	ision of Cor	porations		•
SUBJECT:	ALMEIDA.	AND DIETRICH USA LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		DIOGO BENTO DA ROC	НА	
			Name of Person	·
		ECCO PLANET USA LLO	2	
			Firm/Company	
		7131 GRAND NATIONAL	L DRIVE, SUITE 103	
		<u> </u>	Address	
		ORLANDO/FL 32819		
			City/State and Zip Code	
		diogo@eccoplanetconsulting		
For further in	oformation co	n-mail address: ()	to be used for future annual report not	ilication)
	NTO DA RO	,	321 3106191	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

TO:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMEIDA AND DIETRICH USA LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 02/04/2025	and assigned
Florida document number L25000060663		-
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter	r the name of the new registe
gent und of the new registered office address here.		
Name of New Registered Agent:		
Now Booletored Office Address.		
New Registered Office Address:	Enter Florida street addre	rss
	F	łorida
	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 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
MGR	JOSUE DE ALMEIDA DIETRICH	7131 GRAND NATIONAL DRIVE	
		SUITE 103	□ Remove
		ORLANDO, FL 32819	■Change
			🖸 Add
			□Remove
			□Change
			
			□Change
		<u></u>	□Add
			Remove
			🗆 Change
			□ Add
			Add CO □ Remove
			Change

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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December of the detailed of the detailed.	ock does not me epartment of Sta	et the applicable ite's records.	statutory filing req	uirements, this da	ate will not t	be listed as
		2025			•	2
February 17						2025 F
February 17	· · · · · · · · · · · · · · · · · · ·		n /		** .	
February 17	7	A3	2			
February 17	Signature of a me	mber of authorize	d representative of a	member		1
DIOGO BENTO DA RO		mber of dutforize	d representative of a	member		1

Filing Fee: \$25.00