KZZ 000030644

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O SIMMONS APR 0 1 2022

COVER LETTER

10:

Registration Section

Division of Cor	rporations			
Can there		O GROUP USA LLC.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for tiling.		
		-		
riease return all correspo	indence concerning this matter	to the following:		
		Oscar G. Bogran		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Name of Person			
		Firm/Company		
	1818 SW 1 ST AVENUE SUITE 1404			
Address				
		MIAMI FL, 32129		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report	t notification)	
For further information c	concerning this matter, please c	alt:		
SANDR	A PEREIRA			
Name o	f Person	Area Code Da	nytime Telephone Number	
Enclosed is a check for the	he following amount:			
€ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				
		-		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Mo	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OUP USA LLC 7677	<u> </u>
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on ed Ladaility Company)	our records.)
,		√ .
he Articles of Organization for this Limited Liability Compa	my were filed on01/27	2022 and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1818 SW 1 ST AV 3	SUITE 1104 MIAMI, FL. 33129
Principal office address MUST BE A STREET ADDRESS,)	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	-	
. If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	NELSI D.MEJIA	1818 SW 1 ST AV SUITE 1104 MIAMI,FL 33129	□ 4.3.1
		NELSY D.MEHA	■Remove
			□Change
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
		□I	□Remove
			□Change
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			Remove
			□ Change

				
			······································	
				
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Effective date, if other than the date if an effective date is listed, the date must be something. If the date inserted in this block adocument's effective date on the Depart	specific and cannot be prid does not meet the appl	icable statutory filing	(optional) ore than 90 days after filing.) requirements, this date	Pursuant to 605,0207 will not be listed as
excurrence serve date on the Depart	ment of State's record			
record specifies a delayed effective dat d is filed.	e, but not an effective	time, et 12:01 a.m. c	n the earlier of: (b) The	e 90th day after the
March H	2022			
	13	1451		
Sign	nature of a member or aut	horized representative	of a member	
		G. BOGRAN		