

6/6/23, 3:29 PM

Division of Corporations

**42200240649**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
Fax Number : (954)302-4976

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

Email Address: support@eflatinaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INVERSIONES MJG USA LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

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T. LEMIEUX

JUN - 7 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INVERSIONES MJG USA LLC**

*Name of Limited Liability Company*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO FIGUEROA

*Name of Person*

E & F LATIN GROUP LLC

*Firm/Company*

1820 N CORPORATE LAKES BLVD SUITE 109

*Address*

WESTON, FL 33326

*City/State and Zip Code*

diego@eflatinaccounting.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

DIEGO FIGUEROA

at ( 954 )

384 8565

*Name of Person*

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the following amount:

- \$25.00 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  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INVERSIONES MJG USA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2022 and assigned Florida document number L22000220649

This amendment is submitted to amend the following:

**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."

Enter new principal offices address, if applicable:

2665 EXECUTIVE PARK DRIVE

(Principal office address MUST BE A STREET ADDRESS)

STE 2

WESTON FL. 33331

Enter new mailing address, if applicable:

2665 EXECUTIVE PARK DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

STE 2

WESTON FL. 33331

**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: \_\_\_\_\_

*Enter Florida street 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, 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>	<u>Type of Action</u>
MGR	GERMAN ALBERTO LOPEZ ARAGON	2665 EXECUTIVE PARK DRIVE	<input type="checkbox"/> Add
		STE 2	<input type="checkbox"/> Remove
		WESTON FL. 33331	<input checked="" type="checkbox"/> Change
MGR	EDID MAYERLY BONILLA CANDIL	2665 EXECUTIVE PARK DRIVE	<input type="checkbox"/> Add
		STE 2	<input type="checkbox"/> Remove
		WESTON FL. 33331	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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