16/6/23, 16:32

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USA GESTIONES, LLC

Account Number : I20230000016 Phone : (305)965-6948 Fax Number : (305)508-6375

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOBILEPLAY STORE USA, LLC

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..... 1 7 2023 ; Brumbley

Elizabeth Confere

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBILEPLAY STORE USA, LL	С				
'Name of the Limi	ted Liability Comp (A Florida Limited	anv as it now appears o Liability Companyi	n our records.)	,	
The Articles of Organization for this Limited L Florida document number £23000204863	iability Company	were filed on 04/25	/2023	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here	:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbrevi	lation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4006 NW 88th Ave #2d			
		Sunrise, FL 33351			
Enter new mailing address, if applicable:		4006 NW 88th Av			
(Mailing address MAY BE A POST OFFICE	<u>20.17</u>			<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	ss here:	address on our reco	ords, <u>enter the name of</u>	the new registered	
New Registered Office Address:	4006 nw 88th ave apto 2D		023		
	Sunrise	Enter Florida	street address		
New Registered Agent's Signature, if changing !	Registered Agent:	City-	, Florida 33351 2	ip Code	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as pregistered office	performance of my provided for in Cha	oduties, and I am fami upter 605, F.S. Or, if th	liar with and is document is	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Edgardo J Zerpa Albarran	8800 NW 107th Ct UNIT 103	DAdd
		Doral, FL 33178, USA	
AMBR	Carolina Quintero Valencia	8800 NW 107th Ct UNIT 103	□Add
		Doral, FL 33178, USA	□Remove
			T :Change
			CAdd
		***************************************	□ Remove
			□Change
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Effective date	if other than the do	te of filing:		(ontional)	
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ne record specifies ord is filed.	a delayed effective da	nte, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
Dated 16 JUNE		2023			
		11111			
	Sie	Julillating fly y'b'	lorized representative of a me	mher	

Typed or printed name of signee