

L11000042699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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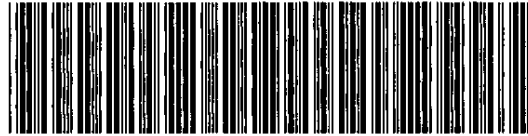
(Business Entity Name)

(Document Number)

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2015 MAY 27 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 28 2015  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mib-Groza 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:

Daniela Beyes  
Name of Person  
International  
Corporate Services & Consulting Group  
Firm/Company  
290 NW 16th St. #15  
Address  
Miami Fl. 33169  
City/State and Zip Code  
corporate.services@teammanagement.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Beyes at ( 305 ) 454-0915  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

Mila - Grosa 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 1/31/2011 and assigned Florida document number L11000012699.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Corporate Services International Consulting Group LLC

New Registered Office Address:

290 NW 165<sup>th</sup> St. PH5  
Enter Florida street address

Miami, Florida 33169  
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Gustavo A. Feito	290 NW 165 <sup>th</sup> St. PHS	<input type="checkbox"/> Add
		Miami Fl. 33169	<input checked="" type="checkbox"/> Remove
MGRM	Alfredo Miguel Feito	290 NW 165 <sup>th</sup> St. PHS	<input type="checkbox"/> Add
		Miami Fl. 33169	<input checked="" type="checkbox"/> Remove
MGR	Team Real Estate Management, LLC	290 NW 165 <sup>th</sup> St. PHS	<input checked="" type="checkbox"/> Add
		Miami Fl. 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALLAHUSSEIN FLOHDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5.21, 2015.



Signature of a member or authorized representative of a member

Danida Reyes

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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