L12000 129 508

(Re	equestor's Name)	
(Ad	ldress)	
(Ád	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200404968362

03/21/29--01017--024 **55.00



COVER LETTER

	ion Section of Corporations		
	UIT, LLC		
SUBJECT:	Name of I	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
	ANTHONY MORALE	S	
		Name of Person	
	MYUSACORPORATIO	ON.COM	
	-	Firm/Company	
	 -	Address	
	NEW ROCHELLE, NY	10801	
		City/State and Zip Code	
	INFO@MYUSACORPO		<u> </u>
Dan Camban in Commu		s: (to be used for future annual report notification	,
	tion concerning this matter, please		F : 0
ANTHONY MOR.		877 330-2677 at ()	
,	fame of Person	Area Code Daytime Telepl	hone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing I	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INCLUIT			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears (Liability Company)	on our regords.)	
The Articles of Organization for this Limited I Florida document number <u>L12000129508</u>		were filed on $\frac{-10/1}{2}$	10/2012	and assigned
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	<u>:</u>	
he new name must be distinguishable and contain the	words "Limited Linhi	lity Company " the desi	ionation "LLC" or the ab	phraviation "LLC"
Inter new principal offices address, if appli		1065 SW 8TH ST		MACAMINII LATAX.
Principal office address MUST BE A STRE	MIAMI, FL 33130			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1065 SW 8TH ST MIAMI, FL 33130		
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office : ess here:	address on our rec	ords, <u>enter the nan</u>	e of the new register
Name of New Registered Agent:	INCORP SERVICES, INC.			
New Registered Office Address:	3458 LAKESH	ORE DRIVE		
		Enter Floride	i street address	
	TALLAHASSE		, Florida <u>32</u>	312
		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>	Address	Type of Action
AMBR	AVENGA US HOLDING CORP.	BAHNHOFSVORPLATZ I	= Add
		COLOGNE, NORDRHEIN-WESTFALEN	□Remove
		50667 GERMANY	□Change
			🗆 Add
			□Remove
			□Change
		-	<u>©</u> Add
		÷	
		· · · · · · · · · · · · · · · · · · ·	□ Ghange
			Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Channa

					<u> </u>	· 				
										
					_					
			-				<u> </u>			
						_		-		
	·, 					•		-		
	 	· · · · · · · · · · · · · · · · · · ·						•		
										
`				-					7/1/7	•
										;
					<u></u>		<u>.</u>	<u>;</u>		
4-4-	· -			-						C) ();
Effective	date, if other we date is listed, if the date inserted	than the da	te of filing:	annot be prior	to date of filing	g or more than	(optic		·: \	C
document	the date inserted 's effective date pecifies a delaye	on the Depa	rtment of Sta	sters records.						
rd is filed.		a ellective di	ite, but not a	n enective u	iue, at 12.01	a.m. on me e	artier or. (o) 111c 30d1	day and	U.K.
				6 000						

Filing Fee: \$25.00

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31st, 2023.

Louise Breytenbach, Chief Operating Officer

Dated: January 10th 2023

STATE OF NEVADA

) ss

COUNT OF CLARK

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 10th, 2023, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

Votary Public in the State of Nevada

My Commission Expires: June 10, 2025

