

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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ALF AHA SEE FLORIDA

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

FROM:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 230-3339  
Fax Number : (954) 203-0845

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MALENA US LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Help

<https://doi.org/10.1101/2021.10.05.013441>

BB 15/21

**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          | MaleMgmtLLC   | 1209OrangeStreet       | <input checked="" type="checkbox"/> Add    |
|              |               | Wilmington, DE 19801   | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
| MGR          | MiguelMacias  | 121AlhambraPlaza       | <input type="checkbox"/> Add               |
|              |               | Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Remove |
|              |               |                        | <input type="checkbox"/> Change            |
| MGR          | EuveniaFouriz | 121AlhambraPlaza       | <input type="checkbox"/> Add               |
|              |               | Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Remove |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |

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**Filing Fee: \$25.00**