

L14000032622

H15000097325 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000097325 3))



H150000973253ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

15 MAR 21 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILLON USA 2 LLC

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (05), Estimated Charge (\$25.00).

REC'D
15 APR 21 AM 10:00
DEPARTMENT OF COMMERCIAL SERVICES
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu

APR 22 2015
H15000097325 3

COVER LETTER

H15000097325 3

TO: Registration Section  
Division of Corporations

SUBJECT: **MILLON USA 2 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:

**GASTON BELEN**

Name of Person

**GFB TAX SERVICE LLC**

Firm Company

**2200 N. COMMERCE PARKWAY, SUITE 200**

Address

**WESTON, FL 33326**

City/State and Zip Code

**GASTONBELEN@GFBTAXSERVICE.COM**

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

For further information concerning this matter, please call:

**GASTON BELEN**

Name of Person

**754 246-6160**

at (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

H15000097325 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H15000097325 3

MILLON USA 2 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 02/26/2014 and assigned Florida document number L14000032622

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)

1780 NE 191ST STREET #409-C2 NORTH MIAMI, FL 33179

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

1780 NE 191ST STREET #409-C2 NORTH MIAMI, FL 33179

FILED 15 MAR 21 PM 4:58 TALLAHASSEE FLORIDA SECRETARY OF STATE

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:

GFB Tax Service LLC

New Registered Office Address:

2200 N. COMMERCE PARKWAY, SUITE 200

Enter Florida street address

WESTON

City

Florida 33326

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

H1500097325 3

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>
MGR	MARIO R SZWARC	8855 COLLINS AVE MIAMI, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ELISA BARALYA DESSENO	1780 NE 191ST STREET #409-C2 NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

15 MAR 21 PM 4:58  
SECRETARY OF STATE  
DALLAS TEXAS  
DRID  
Remove

FILED

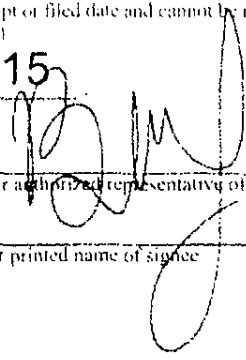
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL,  
TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE  
COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH  
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

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

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

Dated APRIL 21 2015



Signature of a member or authorized representative of a member

**GASTON F. BELEN**

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 21 PM 4: 58

FILED