## L14000172857

| (Requestor's Nar                        | ne)            |
|---|----------------|
| (Address)                               |                |
| (Address)                               |                |
| (City/State/Zip/Pt                      | none #)        |
| PICK-UP WAIT                            | MAIL           |
| (Business Entity                        | Name)          |
| (Document Numb                          | ber)           |
| Certified Copies Certification          | ates of Status |
| Special Instructions to Filing Officer: |                |
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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   |   |
|--------------------------------------|--|---|---|
|                                      | INESS AND INVESTMENTS                        | LLC   |   |
| SUBJECT:                             | Name of Lin                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of             | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspondent      | ondence concerning this matter               | to the following:   |   |
|                                      | DIANA BAQUERO                                | _   |   |
|                                      |  | Name of Person  |   |
|                                      | BUSINESS AS USUAL C                          | ROUP  |   |
|                                      | <del></del>                                  | Firm/Company  | <del></del>   |
|                                      | 1290 WESTON ROAD, S                          | UITE 312  |   |
|                                      | ·  | Address   | _ <del></del>   |
|                                      | WESTON, FL 33326                             |   |   |
|                                      |  | City/State and Zip Code   |   |
|                                      | E-mail address: (                            | to be used for future annual report no                              | tification)   |
| For further information of           | concerning this matter, please c             | all:  |   |
| DIANA BAQUERO                        |  | 954 6823663   |   |
| Name o                               | of Person                                    | at ()<br>Area Code Daytir   | ne Telephone Number   |
| Enclosed is a check for t            | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addre<br>Registration        |  | Street Address:<br>Registration Se                                  | ection  |
| Division of C                        | Corporations                                 | Division of Co  | rporations  |
| P.O. Box 632                         | 21   | The Centre of   | Lallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

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USA BUSINESS AND INVESTMENTS 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 I  | iability Company            | were filed on 11/06/20     | and assigned                             |
|--|-----------------------------|----------------------------|--|
| This amendment is submitted to amend the fol   | lowing:                     |                            |  |
| A. If amending name, enter the new name of   | of the limited liab         | ility company here:        |  |
| The new name must be distinguishable and contain the   | words "Limited Liabi        | lity Company," the designa | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli-   | cable:                      | 1290 WESTON ROA            | AD. SUITE 312                            |
| (Principal office address MUST BE A STREI  |                             | 1290 WESTON ROA            | AD, SUITE 312                            |
|  |                             |                            |  |
| Enter new mailing address, if applicable:  |                             | 1290 WESTON ROA            | AD. SUITE 312                            |
| (Mailing address MAY BE A POST OFFICE BOX)   |                             | 1290 WESTON ROA            | AD, SUITE 312                            |
|  |                             |                            |  |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre |                             | address on our recore      | ds, enter the name of the new registered |
| Name of New Registered Agent:  | DIANA BAQUERO               |                            |  |
| New Registered Office Address:   | 1290 WESTON ROAD, SUITE 312 |                            |  |
|  |                             | Enter Florida st           | reet address                             |
|  | WESTON                      |                            | Florida 33326                            |
|  |                             | 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> | Name               | Address                     | Type of Action  |
|--------------|--------------------|-----------------------------|-----------------|
| MGR          | GERMAN ROJAS       | 1820 N CORPORATE LAKES BLVD |                 |
|              |                    | SUITE 206                   | <b>≅</b> Remove |
|              |                    | WESTON, FL 33326            | □Change         |
| MGR          | CARLOS M RODRIGUEZ | 1290 WESTON ROAD, SUITE 312 | <b>=</b> Add    |
|              |                    | WESTON, FL 33326            | □Remove         |
|              |                    |                             |                 |
|              |                    |                             | □Add            |
|              |                    |                             | □Remove         |
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| ective date, if other than the d                    | ate of filing:   | (opti                             | onal)                        |
| n effective date is listed, the date must b         | he specific and cannot be prior to date of<br>k does not meet the applicable state | filing or more than 90 days after | filing.) Pursuant to 605.020 |
| cument's effective date on the Dep                  | artment of State's records.  | story mining requirements and     |                              |
|   |  |                                   |                              |
| ecord specifies a delayed effective on<br>is filed. | date, but not an effective time, at 12   | 2:01 a.m. on the earlier of: (b   | ) The 90th day after the     |
|   |  |                                   |                              |
| NOVEMBER 12   | 2024   |                                   |                              |
| ted   |  |                                   |                              |
|   | <u> </u>   |                                   |                              |
| ted NOVEMBER 12                                     | gnature of a member or suphorized rep  | resentative of a member           |                              |

Filing Fee: \$25.00