

5/2/2016

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****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
MEGAMAZON USA, LLC

Certificate of Status	0
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FLORIDA

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H160001094013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEGAMAZON 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:

CARLA COLLIER

Name of Person

ACCOUNT BOOKKEEPING CORP.

Firm/Company

3300 S. HIAWASSEE RD, STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

SUPPORT@ABKCORP.COM

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

For further information concerning this matter, please call:

CARLA COLLIER

407

898-1757

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MEGAMAZON 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 08/12/2015 and assigned Florida document number L15000137445.

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

Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6979 KINGSPONTE PKWY UNIT 3

ORLANDO, FL

32819

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6979 KINGSPONTE PKWY UNIT 3

ORLANDO, FL

32819

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:

New Registered Office Address:

6979 KINGSPONTE PKWY UNIT 3

Enter Florida street address

ORLANDO,

Florida 32819

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:

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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

Title	Name	Address	Type of Action
AMBR	FAGLIARI, LUCIANO	6979 KINGSPONTE PKWY	<input type="checkbox"/> Add
		UNIT 03	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
AMBR	FAGLIARI, MARLY Y	6979 KINGSPONTE PKWY	<input type="checkbox"/> Add
		UNIT 03	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
MBR	TRIPLE A BUSINESS DEVELOP.	6979 KINGSPONTE PKWY	<input type="checkbox"/> Add
		UNIT 03	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____ May, 02 _____ 2016

Signature of a member or authorized representative of a member

RANAN KATZ - TRIPLE A BUSINESS DEVELOPMENT

Typed or printed name of signee

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