## 116000101971

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## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	MPM USA, L	LC	
		mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	TANIA VALVERDE		
		Name of Person	
	MPM USA, LLC		
	<del></del> _	Firm/Company	
	9590 NW 40 ST RD		
		Address	
	DORAL, FL 33178		
	Ivalverde@mpmlogistic.c	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Tania Valverde		305 3729869	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPM USA, LLC			
(Name of the Lie	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	·
The Articles of Organization for this Limited	Liability Company were filed o	n 05/25/2016	and assigned
Florida document number L16000101971	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE			
			٠.
			ファン 20 ファン 20
Enter new mailing address, if applicable:			
"			- \(\frac{1}{2}\) \(\frac{1}{2
Mailing address MAY BE A POST OFFICE	<u> </u>		
	<del></del> -		1 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
B. If amending the registered agent and	Var registered office address	t on our records antas	
registered agent and/or the new registered	office address here:	on our records, enter	the name of the new
Name of New Registered Agent:	Tania Valverde		
New Registered Office Address:	9590 NW 40 ST RD		
	Enter	Florida street address	<u> </u>
	Doral	, Florida <sup>331</sup>	178
	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
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		DORAL, FL 33178	
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• 1,	or Managing Manager (s	s) - ADD			
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fective date, if other than the dat	e of filing:		(optional)		
in effective date is listed, the date must be one: If the date inserted in this block	specific and cannot be prior to	date of filing or more the	nan 90 days after filing.) Po	arsuant to 605.	0207 (3 d.as.th
cument's effective date on the Depar	tment of State's records.	atamony imigrou	and the content of th	not be liste	u u
		<u>.</u>			
record specifies a delayed ef The 90th day after the record	is filed.	an effective time	, at 12:01 a.m. on	the earlie	r of:
AUGUST, 31TH	2018	_ •			
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Filing Fee: \$25.00