## 1600013982

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
	NOV -8	2022
L		j

Office Use Only



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2022 NOV -7 PH 2: 03



RECEIVED

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/7/2022	– **WALK IN*			
ENTITY NAME MUSTANG INTERNATIONAL LLC				
DOCUMENT NUMBER_				
	**PLEASE FILE THE ATTACHED AND RETURN**			
XXXXXX	Plain Copy			
<u></u>	Certified Copy			
<del></del>	Certificate of Status			
*:	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments			
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)			
	Certificate of Status			
<del> </del>	Certificate of Status Reflecting:			
	**APOSTILLE' / NOTARIAL CERTIFICATION**			
COUNTRY OF DESTINAT	TON			
NUMBER OF CERTIFICAT	TES REQUESTED			
TOTAL OWED \$ 25.00	0 ACCOUNT # 120160000072 4: 1			
Please call Tina at th	he above number for any issues or concerns. Thank you so much!			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MUSTANG INTERNATIONAL LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number <u>L16000212982</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u> i	name of the new register
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:		
Francis Omerces Access 1 Marchin.	Enter Florida street address	
	. Florid:	1
	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 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
MGR	NICOLAS FREIXAS	7950 NW 53rd, St. Suite 337, Miami Fl. 33166	□Add
			⊠Remove
			□Change
MGR PATRICIO	PATRICIO HOLMBERG	7950 NW 53rd, St. Suite 337, Miann Fl. 33166	<b>5</b> 3 Add
			🗀 Remove
			□Add
	· ·		□Remove
			□Change *
	<del></del>		
			□Remove
			Change
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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ofe:	ve date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	NOVEMBER 3RD. 2022
ated_	
ated _	11.91
ated _	Signature of a figure or authorized representative of a member