## 116000213683

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| L MMILS                                 |

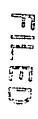
Office Use Only



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## **COVER LETTER**

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|                   |   | •  |  |
|-------------------|---|--|--|
|                   | america LLC   |  |  |
| 1:                | Name of Lim   | ited Liability Company   | <del></del>  |
| sed Articles of   | Amendment and fee(s) are sub  | mitted for filing.   |  |
| urn all correspo  | endence concerning this matter  | to the following:  |  |
|                   | Mario Ribak   |  |  |
|                   |   | Name of Person   | <del></del>  |
|                   | 3 Hills Management LLC  |  |  |
|                   |   | Firm/Company   |  |
|                   | 19611 NE 18 PL  |  |  |
|                   |   | Address  | <del></del>  |
|                   | Miami FL 33179  |  |  |
|                   |   | City/State and Zip Code  |  |
|                   | mribak14@hotmail.com  |  |  |
| er information c  |   |  | incation)  |
| bak               |   | 786 853-9886   |  |
| Name o            | f Person  |  | e Telephone Number   |
| is a check for th | ne following amount:  |  |  |
| 00 Filing Fee     | ☐ \$30.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  |
|                   |   | <u>Street Address:</u><br>Registration Se  | ction  |
| Division of C     | orporations   | Division of Cor  | rporations   |
|                   |   |  |  |
|                   | MG Latinos T:  MG Latinos T:  Seed Articles of urn all correspon bak  Name of Name of O Filing Fee Registration SO O.O. Box 632 | Name of Lim  Issed Articles of Amendment and fee(s) are sub  urn all correspondence concerning this matter  Mario Ribak  3 HillIs Management LLC  19611 NE 18 PL  Miami FL 33179  mribak 14@hotmail.com  E-mail address: ( er information concerning this matter, please c bak  Name of Person  is a check for the following amount:  10 Filing Fee   \$30.00 Filing Fee & | Division of Corporations  MG Latinoamerica LLC  Name of Limited Liability Company  Seed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  Mario Ribak  Name of Person  3 Hillls Management LLC  Firm/Company  19611 NE 18 PL  Address  Miami FL 33179  City/State and Zip Code miribak14@hotmail.com  E-mail address: (to be used for future annual report note or information concerning this matter, please call:  bak  Name of Person  Tendil address: (to be used for future annual report note or information concerning this matter, please call:  bak  Name of Person  Tendil gee Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of The Ce |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MG LATINOAMERICA LLC  |  | <u>.                                    </u> |
|---|--|--|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limited  | pany as it now <u>appears on our r</u><br>I Liability Company) | ecords.)                                     |
| The Articles of Organization for this Limited Liability Compan Florida document number L16000213683               | y were filed on 11/22/2016                                     | and assigned                                 |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited lia  | bility company here:   |  |
| The new name must be distinguishable and contain the words "Limited Liab  | bility 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)   |  | 7024   |
|   |  | <u> </u>                                     |
|   |  | 1  |
| Enter new mailing address, if applicable:   |  | 711  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | P I  |
|   |  |  |
|   |  | : $\boldsymbol{\omega}$                      |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>e</u>                             | nter the name of the new registered          |
| agent and/or the new registered office address here.  |  |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
| New Negistered Office Address.  | Enter Florida street a   | address                                      |
|   |  | , Florida                                    |
|   | 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 |
|--------------|-----------------------|-----------------|----------------|
| MGR          | Juan Pablo Faruh      | 19611 NE 18 PL  |                |
|              |                       | Miami, Fl 33179 | ■Remove        |
|              |                       |                 | □Change        |
| MGR          | Alejandro Herrera     | 19611 NE 18 PL  | <b>≣</b> Add   |
|              |                       | Miami, FL 33179 | □Remove        |
|              |                       |                 | □Change        |
| MGR          | Juan Ignacio Carbajal | 19611 NE 18 PL  | ≣Add           |
|              |                       | Miami, FL 33179 | □Remove        |
|              |                       |                 | □ Change       |
|              |                       |                 | \ \_Add        |
|              |                       |                 | □ Remove       |
|              |                       |                 | Change         |
|              |                       |                 | \ \ \ \ \ \ \  |
|              |                       |                 | □Remove        |
|              |                       |                 | □ Change       |
|              |                       |                 |                |
|              |                       |                 | □Remove        |
|              |                       |                 | □Change        |

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|   |                        |                  |                     |                                       |                    |              |
| ective date, if other than effective date is listed, the da | n the date of filin    | g:               |                     | ((                                    | optional)          | (01.030)     |
| te: If the date inserted in                                 | this block does not r  | meet the applic  | able statutory fil  | more than 90 days<br>ing requirements | this date will not | be listed as |
| cument's effective date on                                  | the Department of S    | State's records. | •                   |                                       |                    |              |
| ecord specifies a delayed e                                 | ffective date, but not | lan effective ti | me at 12:01 a.m     | on the earlier o                      | fith). The 90th d  | av after the |
| s filed.  | Treetive date: but he  |                  | me, at 12.01 am     | . on the carrier o                    | (o) The 70m a      | .,           |
| Contombor 13rd  |                        | 2024             |                     |                                       |                    |              |
| September 23rd  |                        | . 2024           | _/                  |                                       |                    |              |
|   | Ĭ                      | M/ /             |                     | <u> </u>                              |                    |              |
|   | / \                    | ı V              |                     |                                       |                    |              |
| •   | Signature of a         | member or path   | orized representati | ve of a member                        |                    |              |

Filing Fee: \$25.00