L16000219641

| (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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2020 JUL 15 AM 7:51 SECRETARY OF STATE TALLAHASSEE, FL

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| | • | · • | • | | |
| SUBJECT: Megace | enter US LLC | • | <u> </u> | | |
| | Name of Lin | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | | | | | |
| | | Martha Meza | | | |
| | | Name of Person | | | |
| | | Megacenter US LLC | | | |
| | | Firm/Company | | | |
| | | 7451 Riviera Blvd Suite 207 | | | |
| | | Address | | 2020 JUL 15 SECRETAC TALLAHA | |
| | | Miramar, FL 33023 | | | *** |
| | | City/State and Zip Code | | - 新 15 | ••• • • |
| | | meza@megacenterus.com | | SSO A |] |
| | E-mail address: (| to be used for future annual report noti | fication) | | ĺ |
| For further information c | oncerning this matter, please c | all: | | 7: 51 SINTE | |
| Marth | a_Meza | at (786) 725-2033 | ł. | | |
| | f Person | | e Telephone Number | | |
| | | | | | |
| Enclosed is a check for the | - | | | | |
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | □ \$60.00 Fili Certificati | ing Fee, c of Status & | |
| | | (additional copy is enclosed) | Certified (| | |
| | | | | | |
| Mailing Addres | | Street Address: | | | |
| Registration S Division of C | | Registration Sec | | | |
| Division of C | orporations | Division of Cor | porations | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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

| (Name of the Limited Liability Comp (A Florida Limited | any as it now app | ears on our records.) y) | |
|--|---------------------|-----------------------------|-------------------------|
| The Articles of Organization for this Limited Liability Compan | y were filed on | 12/05/2016 | and assigned |
| Florida document number <u>L16000219641</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company | here: | 2020 SEC TA |
| The new name must be distinguishable and contain the words "Limited Liab | pility Company," th | e designation "LLC" or the | abpreviation \L.C." |
| Enter new principal offices address, if applicable: | 745 | Riviera Blvd Suite 207 | T 5 |
| (Principal office address MUST BE A STREET ADDRESS) | Mira | mar, FL 33023 | SSEE AN |
| Enter new mailing address, if applicable: | 7451 | Riviera Blvd Suite 207 | · [7] — |
| (Mailing address MAY BE A POST OFFICE BOX) | Miam | i, FL 33023 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | | r records, enter the na | me of the new registere |
| New Registered Office Address: | 7.4 | 51 Riviera Blvd | |
| New Registered Office Address. | | Florida street address | |
| Miram | nar City | , Florida _ | 33023 Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | | |
| I hereby accept the appointment as registered agent and ag | ree to act in th | is capacity. I further a | igree to comply with th |

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, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our <u>records</u>:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
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| Note: If the date | f other than the date s listed, the date must be s inserted in this block of tive date on the Depart | does not mee | t the applica | o date of filing o | r more than 90 o ling requirem | _ (optional) lays after filing ents, this date | .) Pursuant to 605. will not be liste | .0207 (3 cd as th |
| he record specifies ord is filed. | a delayed effective dat | e, but not an | effective tin | ne, at 12:01 a.r | n. on the earli | er of: (b) Th | ie 90th day after | r the |
| | | uly 9th, | 2020 | | | | | |
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Filing Fee: \$25.00