

US1 MART, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

USI MART, LLC

SUBJECT: 🗌

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:

MARIA A. MORA

Name of Person

MARIA Á. MORA

Firm/Company

2647 SW 27111 CT

Address

MIAMI, FL 33133

City/State and Zip Code

cmoramaria@aol.com

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

For further information concerning this matter, please call:

MARIA A. MORA 305 206-7926 at (______) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🖻 \$25.00 Filing Fee

Certificate of Status

Certified Copy (additional copy is enclosed) Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USI MART, LLC				
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited L Florida document number <u>L18000040199</u>			and assi	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the	words "Linuted Liability Con	upany," the designation "LLQ" or	the abbreviation "L.I	.C."
Enter new principal offices address, if appli	cable:			<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS}			
Enter new mailing address, if applicabk: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		s on our records, <u>enter the</u>	name of the new	NOV
Name of New Registered Agent.	PURA I. VARELA		· See	23
New Registered Office Address:	21100 S DIXIE HWY		ر_للـ تبرر_	R I
	,,,	Enter Florida street address	문건	<u>ë</u> c
	МІАМІ		ia 33189 5m	<u>. </u>
	Ci	irv .	Zin 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 um 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>	Name	Address	Type of Action
AMBR	RAMON G. VARELA	21100 S DIXIE HWY	🖸 Add
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Effectiv	we date, if other than the date of filing: $\frac{11/21/2020}{1000000000000000000000000000000000$
Note: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a int's effective date on the Department of State's records.
docume	nt's effective date on the Department of State's records.
e record rd is file	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 id.
1	NOVEMBER 21ST 2020
Dated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
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