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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	MB Sourch Name of Limit	es USA LUC led Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	GREG	Name of Person	
	PMB =	Securities US/	a uc
	1314 ELMS	Address	გი
	TO2T Laws	City/State and Zip Code	3301
	Gree & E-mail address, (t	mintuadto. o be used for future innual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
GREG Name o	Person	at (954) 01 Area Code Daytime	2803 Telephone Number
Enclosed is a check for the	nc 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

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

(Name of the Limited Liabil	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on <u>Q</u>	3/19/2018	_ and assigned
This amendment is submitted to amend the following:	20		
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
N/A			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbre	
Enter new principal offices address, if applicable:		7	16
(Principal office address MUST BE A STREET ADDI	RESS)	3	15
		<u> </u>	φ
Enter new mailing address, if applicable:	``	la E	F3 -
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>. 22</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	-\/A		
New Registered Office Address:	Enter Florid	a street address	· · · · · · · · · · · · · · · · · · ·
	City	Florida	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 = Au	thorized Member		
Title	<u>Name</u>	Address	Type of Action
<u>ambr</u>	Anibal do Rego	BY ELAS OLAS BIVD # 130	⊃_₩ Add
	·	For lawardale, FI, 3330	Remove
			Change
AMBR	TOOLO MAKARA	134 E LAD ans BIVA * 130	∑_Ø Add
		For Landroale, Fr, 3330	□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ian effe Note:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated .	2/8/M
	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00