

11/21/2019

Division of Corporations

4200091613

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H190003411293ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WITER-WOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

•Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MKRR LLC

Certificate of Status	1
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Estimated Charge	\$30.00

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Corporate Filing Menu

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MKRR LLC

\_\_\_\_\_  
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:

RUBEM SOUZA

\_\_\_\_\_  
Name of Person

LAW OFFICES OF WITER DESIQUEIRA

\_\_\_\_\_  
Firm/Company

845 N GARLAND AVE, STE 100

\_\_\_\_\_  
Address

ORLANDO, FL 32801

\_\_\_\_\_  
City/State and Zip Code

rubemsouza@witeradvogados.com

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

For further information concerning this matter, please call:

RUBEM SOUZA

407

326-8484

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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**

**FILED**

2019 DEC 10 P 11 47

MKRR LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/11/2018 and assigned Florida document number 118000091613.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LAW OFFICES OF WTER DESIQUEIRA

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

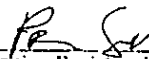
Florida 32801

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA A.MATOS CARPINELLI	POBOX 3111	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIM IKEGAME MATOS	POBOX 3111	<input type="checkbox"/> Add
		HALLANDALE, FL 33008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RENATA G CARPINELLI	POBOX 3111	<input type="checkbox"/> Add
		HALLANDALE, FL 33008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RC USA GROUP LLC	651 N. BROAD ST. SUITE 206	<input checked="" type="checkbox"/> Add
		MIDDLETOWN, DE 19709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 11/01/2019 (optional)  
(If an effective 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 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated ORLANDO 18 2019

Archie J. Carr  
Signature of a member or authorized representative of a member

RENATA CARPINELLI

Typed or printed name of signee

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**Filing Fee: \$25.00**