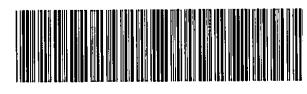
# 18000166475

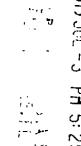
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700331273107

07/83/19--01016--003 \*\*F0.00



D. WHITE

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

MEDBOND ASSET MANAGERS USA 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: MARSHA SIHA Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARSHA SIHA 829-9090 855 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

2019 JUL -3 PH 5: 25

MEDBONE	DASSET MANAGERS USA LLC 💢 🕻 🏄 🧢	.4.72
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	:,![
The Articles of Organization for this Limited Liability	y Company were filed on 07/10/2018	and assign
Florida document number 1.18000166475		
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AMBR	JAKOBUS PHILIP MEYER	382 NE 191ST ST #41046	
		MIAMI, FL 33179	₽ n
			Change
		<u> </u>	
			□ Remov
			□ Chang
*********			□ Add
			Remov
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
<u></u>			Add
			Remove
			Change

		<u></u>
<u> </u>		
		- total
		441
	,	
(If an effective date is listed, the date m	block does not meet the applicable state	tiling or more than 90 days after filing.) Pursuant to 605,6 story filing requirements, this date will not be listed
the record specifies a delayed ) The 90th day after the re		fective time, at 12:01 a.m. on the earlie
Dated JUNE 21	. 2019	
Willem	Daniel Breyte Signature of a member or authorized rep	resentative of a member
WILLEM DANIEL B	REYTENBACH - AMBR	
	Typed or printed name o	d'signee

Page 3 of 3

Filing Fee: \$25.00