

L18000188167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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01/08/20--01043--002 **25.00

2020 JAN -6 PM 5:47

C. GOLDEN
FEB - 4 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

MTW GROUP 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:

ANTONIO ACUNZO

Name of Person

MTW GROUP USA, LLC

Firm/Company

18851 NE 29th Ave., Suite 700

Address

AVENTURA, FL 33180

City/State and Zip Code

antonio@marketingthatworks.us

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

For further information concerning this matter, please call:

ANTONIO ACUNZO

305

206-3519

at (_____)

Name of Person

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**

2020 JAN -6 PM 5:47

MTW GROUP USA, LLC

(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 08/06/2018 and assigned
Florida document number L18000188167.

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 "LLC."

Enter new principal offices address, if applicable:

18851 NE 29th Ave. Suite 700

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

18851 NE 29th Ave. Suite 700

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

ANTONIO ACUNZO

New Registered Office Address:

18851 NE 29th Ave. Suite 700

Enter Florida street address

AVENTURA

Florida

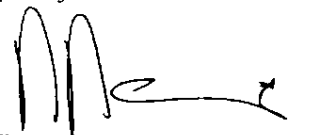
33180

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>
OP	ANTONIO ACUNZO	1840 SW 22nd Street, Suite 4-1303 Miami, FL 33145	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIO ACUNZO	18851 NE 29th Ave., Suite 700 Aventura, FL 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OP	MASSIMILIANO D'AURELIO	1840 SW 22nd Street, Suite 4-1303 Miami, FL 33145	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MASSIMILIANO D'AURELIO	18851 NE 29th Ave., Suite 700 Aventura, FL 33180	<input checked="" type="checkbox"/> Add
			<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

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

PLEASE CHANGE PRINCIPAL ADDRESS TO THE FOLLOWING: 18851 NE 29th Ave., Suite 700 AVENTURA, FL 33180

PLEASE CHANGE MAILING ADDRESS TO THE FOLLOWING: 18851 NE 29th Ave., Suite 700 AVENTURA, FL 33180

01/03/2020

E. Effective date, if other than the date of filing: _____ (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)

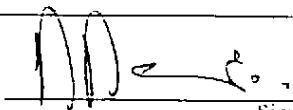
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

January 3rd, 2020

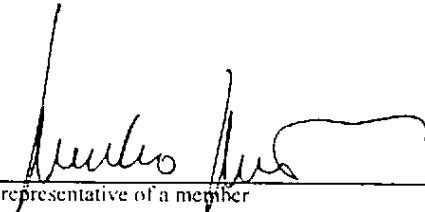
Aventura, FL 33180

Dated _____



Signature of a member or authorized representative of a member

ANTONIO ACUNZO



MASSIMILIANO D'AURELIO

Typed or printed name of signee