## 118000739692

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## **COVER LETTER**

Registration Section

TO:

DIVINOR OF COU	pot ations			
	T IMPORT & EXPORT LLC			
SUBJECT:	Name of Lim	ted Liability Company	-	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARILENE ELAGE PINI	IEIRO		
		Name of Person		
	MR INVEST IMORT & E	XPORT LLC		
		Firm/Company		
	2124 N FLAMINGO ROA	D		
		Address		
	PEMBROKE PINES FL 3.	3028		
		City/State and Zip Code		
	MARILENEELAGE@HOT	MAIL.COM to be used for future annual report not	(Cartisp)	
			meanon)	
For further information c	oncerning this matter, please ca	aH:		
MARILENE ELAGE PE	NHEIRO	954 7565 <b>7</b> 96 at ()	<u>.</u>	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations	
Tallahassee, I		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR INVEST IMPORT & EXPORT LLC		. 是 ?.
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2018	and assimed
Florida document number 1.18000239692		7. 2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	<u> </u>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		DE CO
Enter new mailing address, if applicable:		· ± • • • • • • • • • • • • • • • • • •
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	Florida	
	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>	Name	Address	Type of Action
VP	JOSE MO <b>M</b> GE	253 NW 166 AVENUE, PEMBROKE PINES FL 33	302 □Add
		<del></del>	<b>≡</b> Remove
			□Change
VP	YOHAN PETER CHIN	1532 BRIDGEWOOD DRIVE BOCA RATON FL	
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
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		<del></del>	□Remove
			∏Change

iective date, if other than the date of filing:    12/11/2019						
Signature of a member of authorized representative of a member  [2019]  [4]  [4]  [4]  [4]  [4]  [4]  [4]  [						
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MARILENE ELAGE PINHEIRÓ		Signature of a member of	authorized repre	sentative of a men	ber	<del></del>

Filing Fee: \$25.00