

3/26/2019

Division of Corporations

L19000069184

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ACCISMAIT INC D.B.A. AVILAS ACCOUNTING SERVICES
Account Number : 120180000072
Phone : (305)828-3290
Fax Number : (305)828-2993

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MONEY MAKER USA LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MONEY MAKER USA LLC

(Name of the Limited Liability Company, and new address on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2019 and assigned
Florida document number L1900009184

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:

(Principal office address MUST BE A STREET ADDRESS)

5040 NW 95TH ST SUITE 329
HIALEAH GARDENS, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5040 NW 95TH ST SUITE 329
HIALEAH GARDENS, FL 33016

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:

JOSE F VIRAMONTES MARIN

New Registered Office Address:

5040 NW 95TH ST SUITE 329

Enter Florida street address

HIALEAH GARDENS, Florida 33016

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

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
AR	YADIEL PEREZ	2040 NW 95TH ST SUITE 129	☒ Add
		MIAMI GARDENS, FL 33016	☐ Remove
			☐ Change
MGR	JOSE F VIRAMONTES MARIN	8040 NW 95TH ST SUITE 129	☐ Add
		MIAMI GARDENS, FL 33016	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

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

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141 LANSBERRY DRIVE
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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 602.0207 (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.

Dated MARCH 23RD 2019

Signature of a member or authorized representative of a member

JOSE F VIERMONTES MARIN

Typed or printed name of signer

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