1190000 74655

(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



600327203146

@4/@4/19--01011--001 ••ZS.00

SLURE WAY - L P 6: 31

FILED

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MSJ	V USA Holding	ss II.C.	
TODALOTT	V USA Holding Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
			_
		Name of Person	
		Name of Person	AHC AND
	MSJV	USA Holdings LL Firm/Company	THE THE
	1001 N). Federal Huy, S	TILL D 6: 38
		City/State and Zip Code	
	E mail address (scillinas (a. rcbs. b) to be used for future annual report notif	2
For firsther information con	cerning this matter, please ca		(cation)
Robert	_ ·		icco.
Name of F	erson	$\underbrace{\frac{338 - 9}{\text{Area Code}}}_{\text{Area Code}} \underbrace{\frac{338 - 9}{\text{Daytime}}}_{\text{Daytime}}$	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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerural Tallahassee, FL 323	n ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lighility Co	USA Holdings LLS ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on <u>O3 18 1</u>	and assigned
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 I	Liability Company," the designation "LL	C" ar the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	HASSSEE E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P to 38
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our record	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	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

Title	Name	Address SSS NE 15th Street, STE 23A
MGR	Fernando Gestal	Miami, FL 33132 MAdd
		Remove
		Change
		D.Add
		Remora Alta Banda Change Solve Banda Change Change Remora
		- Add O
		Change
		Remove
		Change
		□ Add
		Remove
		Change
		Remove
		Change

										
								<u>.</u>	- -	_
				_		.				-
										-
							<u> </u>			-
				·					_	_
										-
			·							-
								D O	2919	-17
							-	A PAR	APA -	
				·· .		·	 -	0000 0000	<u> </u>	_ []
								——————————————————————————————————————	n 10	_ (
				· · · · · · · · · · · · · · · · · · ·			-	ORIO	30	-
									•	-
		· · · · · · · · · · · · · · · · · · ·								_
										_
ureffective ote: If the	date is listed, t e date inserted	than the date he date must be s I in this block of e on the Depart	pecific and oes not m	cannot be pricet the app	dicable statu	filing or more story filing r	than 90 days at	tional) ler filing.) Pu his date will	rsuant to 605 not be list	5.0207 .ed as
record The 90t	specifies a h day after	delayed eff the record	ective d	ate, but	not an eff	ective tim	ie, at 12:01	a.m. on	the earli	er of
ited	March	28+4		2019						
			<u>\ea</u>	<u>i</u>	4390	esentative of				
-		Signa	iture of a n	iember or at	ithorized_ijepr	esentative of	a member			

Page 3 of 3

Filing Fee: \$25.00