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(Re	equestor's Name)	,
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: M SJ		05 (LC jied Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		ge Vasque 2 Name of Person	
	MS7V. ()	SA Holdings CCC Firm/Company	
	1001 N. Fe	ederal Huy, STE	202
	Hallande	City/State and Zip Code	and the state of t
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Propert Sc	rlinas	at (786) 338 Area Code Daytime	- 9000
Name of	reason	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSJV USA	Holdings (CC	
(Name of the Limited L (A F	dability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on 03/18/19 and assigned	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		11
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ne address here:	ew
Name of New Registered Agent:	-3 0	****
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jose Varguez	555 NE 15th street, STE	<u> </u>
		Miami Fl 33132	OF Remove
			Cl Change
AMBA	Jorge Vasquez	555 NE 15th street, STE S	23 A 08 Add
		Miami, FL 33132	Remove
			Change
<del></del>			
			□ Remove
			Change
			🗖 Add
			☐ Remove
			□ Change
<del></del>			Add
			Remove
			Change
			□ Add
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(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.
f 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 August, 23th, 2019.
Signature of a member or authorized representative of a member
Jago Vasquez

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Filing Fee: \$25.00