L190000	74655
(Requestor's Name) (Address)	900335294639
(City/State/Zip/Phone #)	
(Document Number)	10/21/1901014007 ++25.00
Certified Copies Certificates of Status	
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	COVER LETTER
FO: Registration Sect Division of Corp	
	HOLDINGS LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following:
	ROBERT SALINAS
	Name of Persoa MSJV USA HOLDINGS LLC
	Fitm/Company
	1001 N FEDERAL HWY, SUITE 202
	Address
	HALLANDALE, FL, 33009
	City/State and Zip Code

For further information concerning this matter, please call:

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) S60.00 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 LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organizat	ion for this Limited Liability Company were filed on	03/16/2019	and assigned
	1 1 9 0 0 0 7 4 6 5 5		

Florida document number 119000074655

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:		···
New Registered Office Address:	Enter Florida street ad	Idress
	City	. Florida 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 mercly 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GESTAL, FERNANDO	555 NE 15TH ST	🖸 Add
		STE 23A	Remove
		MIAMI, FL 33132	
AMBR	VASQUEZ, JORGE	555 NE 15TH STREET	Change
AMDK			Add
		STE 23A	Remove
		MIAMI, FL 33132	Change
MGR	CAMPITELLI, MATIAS	101 N FEDERAL HWY.	Add
		SUITE 202	
		HALLANDALE, FL. 33009	Remove
		· • • • • • • • • • • • • • • • • • • •	Change
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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.

OCTOBER 16TH	2019
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<u>.</u>	Signature of a member or authorized representative of a member
ROBERT SALINAS	<i>,</i>
	Typed or printed name of signee

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Filing Fee: \$25.00