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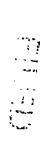
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COVER LETTER

SUBJECT:	Name of Limi	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:	
	GABRIELLA CASTRO		
		Name of Person	
	CSG - CAPITAL SERVIC	ES GROUP INC	
		Firm/Company	
	1191 E NEWPORT CENT	ER DR #103	
		Address	
DIVISION OF CORPORATIONS DREFORMEN LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GABRIELLA CASTRO Name of Person CSG - CAPITAL SERVICES GROUP INC Firm/Company 1191 E NEWPORT CENTER DR #103 Address DEERFIELD BEACH - F1. 33442 City/Ntate and Zip Code GABRIELLA@THEWAYGROUP.BIZ E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: GABRIELLA Name of Person 1954 Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status & Certificate Option Status & Certificate of Status & Certificate Option Status & Certificate Option Status & Certi			
		City/State and Zip Code	
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			Cattony
For further information c	oncerning this matter, please co	au:	
GABRIELLA			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[2]

DRFORMEN LLC		ر المقال المعالم المعالم
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	0 1
The Articles of Organization for this Limited Liability	Company were filed on 06/17/2020	and assigned
Florida document number 1.19000158327	·	ंग
This amendment is submitted to amend the following:		02
A. If amending name, enter the new name of the li	mited liability company here:	
EXPERT USA LUC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 -	
B. If amending the registered agent and/or registe		name of the new registered
agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	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 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		
111111111111111111111111111111111111111	MCR =	Manager
		• 7
AMBR = Authorized Member	$-\mathbf{AMRR} =$	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
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ecti i eff	ve date, if other than the date of filing:
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. 11111	the seffective date on the Department of State s records.
rcon	I 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
s fil	
ted	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00