

L19000200855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

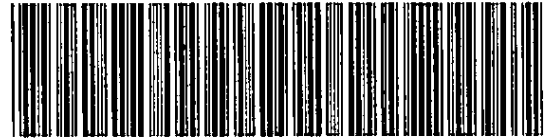
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FILED
2022 AUG -2 PM 4:31
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MP CLOSETS USA 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:

MARCO A PEREIRA S

Name of Person

MP CLOSETS USA LLC

Firm/Company

8415 SW 107TH AVE APT 204W

Address

MIAMI FL 33173

City/State and Zip Code

marcopereira@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO PEREIRA

305 200 4514

Name of Person

at ()

Area Code

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 Address:

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**

MP CLOSETS USA LLC

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

2022 AUG -2 PM 4:31

The Articles of Organization for this Limited Liability Company were filed on 08/2019 and assigned Florida document number 119000200855.

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 "L.L.C." or the abbreviation "L.L.C."

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 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

[illegible]

[illegible]

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.

Dated JULY 25 2022

MARCO PEREIRA

Typed or printed name of signee

Florida

TEMPORARY
LEARNER'S LICENSE



1a DDL D656-001-84-876-2 9c CLASS E

1b DURAN RAMIREZ
2b ADRIANA ALEXANDRA
3b 8415 SW 107 AVE APT 204W
4b MIAMI FL 33173

5b DOB 10/16/1984 1c SEX F
6b EXP 01/04/2024 7b HGT 5'-06"
8b REST B 9b END NONE

SAFE DRIVER
1a ISS 07/14/2022
5DD 3057207140043



Operation of a motor vehicle constitutes
consent to any sobriety test required by law