

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCBRIDE USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2020 NOV -5 PM 12:45

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCBRIDE USA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on March 19, 2020 and assigned
Florida document number 120000085683.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2000 NW 97 Ave.

Suite 112

Doral, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 NW 97 Ave.

Suite 112

Doral, FL 33172

FILED
2020 NOV -5 AM 10:04
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STRICKLAND, RICARDO	2000 NW 97 AVE.	☐ Add
		Suite 112	☐ Remove
		Miami, FL 33172	☒ Change
MGR	ALI, ANTHONY	2000 NW 97 AVE.	☐ Add
		Suite 112	☐ Remove
		Miami, FL 33172	☒ Change
MGR	SMALL, C. NATASHA	2000 NW 97 AVE.	☐ Add
		Suite 112	☐ Remove
		Miami, FL 33172	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2020 NOV 5 AM 10:00
FILED
CLERK OF DISTRICT COURT
DADE COUNTY, FL

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

E. Effective date, if other than the date of filing: _____ (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.

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.

Dated November 5, 2020

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

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