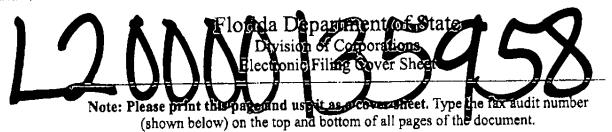
10/15/24, 1:22 PM

Division of Corporations



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

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC

Account Number : I20210000201

Phone : (561)409-3106

Fax Number : (561)952-0315

Signature

Signature

Fax Number : (561)952-0315

Signature

Email Address: Paymeincometax Log mail. Com

Email Address: Paymeincometax Log mail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLR INVESTIMENTS USA LLC

Certificate of Status	0
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M.	SOLOMON
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OCT 15 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Division of C					
	VESTIMENTS USA LLC				
SUBJECT:	Name of Lin	nited Liability Company		-	
The englaced Articles	of Amendment and fee(s) are su	hmitted for filing			
	pondence concerning this matte	-			
	RAFAELA NUNES VIE				
		Name of Person			
	PRIME INCOME TAX A	ND ACCOUNTING LLC			
		Firm/Company			
	23269 STATE ROAD 7,	SUITE 119			
		Address		ري 11 ريد	2021
	BOCA RATON - FL - 33			#1 <u>1</u>	1001
	PRIMEINCOMETAX1@0	City/State and Zip Code		<u> </u>	
		(to be used for future annual report notifi	cation)	SSE	P
For further information	concerning this matter, please of	call:		mi 21 mi ^(V)	∴
RAFAELA NUNES V	IEIRA	561 409-3106		CH.	55
Name	of Person		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)	Certified (e of Status	
Malling Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability Company were Florida document number L20000135958 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability MLR INVESTMENTS USA LLC	e filed on 05/19/20:	20	an	d assig	ned
Florida document number L20000135958 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	company here:		an	d assig	ned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		ion "LLC" or the			
A. If amending name, enter the new name of the limited liability		ion "LLC" or the			
		ion "LLC" or the			
MLR INVESTMENTS USA LLC	ompany," the designat	ion "LLC" or the			
•	ompany," the designat	ion "LLC" or the			
The new name must be distinguishable and contain the words "Limited Liability C			abbreviatio	m "L.L.(J."
Enter new principal offices address, if applicable:				_	
(Principal office address MUST BE A STREET ADDRESS)				_~	
			<u> </u>	02	<u>, </u>
			:-!	001	
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	427-25-27
(Mailing address MAY BE A POST OFFICE BOX)			G-1	 -	* * * * *
			777 T	ıx	# 6 H
				23.	
B. If amending the registered agent and/or registered office address here:	ess on our record	s, <u>enter the ns</u>	ime of the	t new I	<u>egistered</u>
Name of New Registered Agent:					
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida str	net address	<u> </u>		
	27,27,707,1112,007				
	City	, Florida .	Zip (ode	
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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			
			□Remove
			Change 2024-0CT
			Acceptive PR CO Change S S S S S S S S S S S S S S S S S S S
			⊡Remove
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Tective date, if other than the date of an affective date is listed, the date must be spec	f filing:	to data of filing or m	on then 90 days after	nal)	nat to 604 82
ote: If the date inserted in this block does ocument's effective date on the Departme	s not meet the applic	able statutory filin:	g requirements, this	date will n	at be listed
realized a circuit a date on the population	in or state a records.				
record specifies a delayed effective date, b	out not an effective ti	me, at 12:01 a.m. (on the earlier of: (b)	The 90th	day after th
ated 10/02/24	k	<u> </u>			
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