## L20000279554

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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED 2023 DEC -4 AM 10: 50



## **COVER LETTER**

	of Corporations		
TM SUBJECT:	Enterprises USA LLC		
	Name of Li	mited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Sulay Garcia		
		Name of Person	<u> </u>
	Ayala Law PA		
		Firm/Company	
	2490 Coral Way, 4th floo	or	
		Address	
	Miami, FL 33145		
		City/State and Zip Code	<del> </del>
	sgarcia@ayalalawpa.com	(to be used for future annual report notif	C
For further inform	ation concerning this matter, please	•	neation)
Sulay Garcia		305 570-2208	
	Name of Person	at ()	e Telephone Number
Enclosed is a chec	k for the following amount:		
<b>■</b> \$25.00 Filing	•	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	Address:	<u> Street Address:</u>	
	tion Section	Registration Sec	
Divisior P.O. Bo	of Corporations	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM Enterprises USA LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<u> </u>
		and assigned
Florida document number L20000279554		
orida document number L20000279554  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  A STREET ADDRESS  A		
the Articles of Organization for this Limited Liability Company were filed on O9/08/2020 and assigned orida document number L20000279554  This amendment is submitted to amend the following:  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."  The new principal offices address, if applicable:  Trincipal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		20 TAL SI
		J 1
		35 C T
Enter new mailing address, if applicable		SSE T
•••		
Maing dadress MAT BE A TOST OF FICE BOAT		9- 6
B. If amending the registered agent and/or registered office a	address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:	enter the	c name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del> _
	, Flori	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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Sulay Garcia	2490 Coral Way, suite 401	
		Miami, FL 33145	<b>■</b> Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bloomers the Office in the December 1 to effective date on the December 1 to effect the date of the December 1 to effect the date of the date of the December 1 to effect the date of the date	be specific and ock does not n	cannot be prior neet the applic	to date of filing able statutory i	filing requiremen	nts, this date w	Pursuant to 605 fill not be liste	.0207 ( ed as tl
document's effective date on the De	partment of S	tate's records.					
ne record specifies a delayed effective ord is filed.	date, but not	an effective ti	me, at 12:01 a	.m. on the earlie	r of: (b) The	90th day after	r the
November 20		2023					
Dated			<del></del> ·				
Dated							

Filing Fee: \$25.00