## L21000030636

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## **COVER LETTER**

Division of Co				
	Y USA, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and feets) are sub	united for filing		
	ondence concerning this matter	·		
	EDNA MENDEZ			
		Name of Person		
	EMPIRE BUSINESS & Y.	AN ADVISORS		
		Firm/Company		
	120 BROADWAY AVE S	SUFFE 302		
		Address		
	KISSIMMEE, FL 34741			
		City/State and Zip Code		. 20
	ednamendez@empirebta.co	to be used for future annual		18 J
			report notification)	2021 JUN 15
For further information of	concerning this matter, please c	all:		<u>.</u> <u></u>
EDNA MENDEZ		407 61	13-0850	P
Name (	of Person	Area Code	Daytime Telephone Number	PH 1: 14
Emplosed is a check for t	he following amount:			
25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certify at Copy tadditional copy is enc	Certificat losed) Certified	e of Status &
Mailing Addre Registration Division of C	Section		ddress: ation Section n of Corporations	
P.O. Box 631	-	The Cer	ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACNEMY USA, LLC		. <del></del> _	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000030636	were filed on <u>01/13/2021</u>	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al-	obreviation "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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new re	gister
Name of New Registered Agent:		202	
			17
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida	Zip CodeX:	
New Registered Agent's Signature, if changing Registered Agent:	<i>7.</i> .		المسمه
			المالية
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am , provided for in Chapter 605, F.S. Or,	familiar with ar , if this documer	nd

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ximena Patricia	6118 WESTGATE DRIVE UNIT 204	_ 🗆 Add
	Ximena Patricia Hartinez Rodrigues	ORLANDO, FL 32835	□Remove
	Kodrigues		
			□Add
			□Remove
			[]Change
<del></del>			_ DAdd
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feetive date, if other than the date of filing:  (optional)  (an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than % days after filing.) Pursuant to 665.0 and the filing is filing to the filing or more than % days after filing. Pursuant to 665.0 are:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed enument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.	OWNER WANTS TO ADD HER MIDDLE NAME AND SEC	COND LAST NAME	
fective date, if other than the date of filing:			<del></del>
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	ted		
1	Signature of a member or authorized	representative of a member	<del></del> -