

L21000074891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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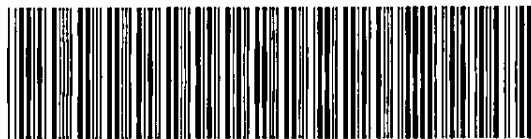
(Business Entity Name)

(Document Number)

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EX-100

R. HUNT

03/14/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICALLARES 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:

MIRIAM JUDIT MARINANGELI

Name of Person

MICALLARES LLC

Firm/Company

4110 Center Pointe Dr STE 216

Address

Fort myers, FL 33916

City/State and Zip Code

tottuuhg@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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CORPORATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MICALLARES 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 02/19/2021 and assigned
Florida document number L21000074891.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMADEU USA LLC

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)

5440 N State Road 7

Ste 215 PMB 1006

Fort Lauderdale, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5440 N State Road 7

Ste 215 PMB 1006

Fort Lauderdale, FL 33319

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMADEU HG LLC	1309 coffeen ave	<input checked="" type="checkbox"/> Add
		STE 1200	<input type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
AMBR	MIRIAN JUDIT MARINANGELI	4110 Center Pointe	<input type="checkbox"/> Add
		Dr STE 216	<input checked="" type="checkbox"/> Remove
		Fi Myers, FL 33916	<input type="checkbox"/> Change
President	Roa, Freddy A	4110 Center Pointe Dr	<input type="checkbox"/> Add
		STE 216	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33916	<input type="checkbox"/> Change
MGR	JEAN DELFIN	5440 N State Road 7	<input checked="" type="checkbox"/> Add
		Ste 215 PMB 1006	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33319	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 3/8/2023

Mamad Hammad

MIRIAN JUDIT MARINANGELI

Typed or printed name of signee

Filing Fee: \$25.00