421000092084

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HASSEE, FLORID

COVER LETTER

	Registration Sec Division of Corp				
	USA HEAD	QUARTERS LLC			
SUBJEC	T:	Name of Limit	ted Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for liling.		
Please re	eturn all correspor	ndence concerning this matter t	o the following:		
		NANCY LOPEZ			
			Name of Person		
		USA HEADQUARTERS I	.LC		
Firm/Company					
	5086 SE 102 PLACE LOT E 15				
			Address		
BELLEVIEW FL. 34420					
			City/State and Zip Code		
		E-mail address: (i	to be used for future annual report not	ification)	
For furti	her information c	oncerning this matter, please co	all:		
			()		
<u> </u>	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclose	d is a check for the	he following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address: Registration So	ection		
Registration Section Division of Corporations		Division of Co			
	P.O. Box 633	27	The Centre of	Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA HEADQUARTERS LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appeada Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability (Florida document number L21000092084	Company were filed on _	FEB 24 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	iere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or th	: " -
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u></u>		
Enter new mailing address, if applicable:			- \$
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	-		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our :	records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		(21	
	City	, Florida	Zip Code
and the second s	and Aments		

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>	Address	Type of Action
AMBR	NANCY J PEGUEROS GARCIA	5086 SE 102 PLACE LOT E15	□Add
•		BELLEVIEW FL 34420	■Remove
			□Change
			🗀 Add
			□Remove
			☐ Change
			□ □ ABB
			□ Remove □ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			-
			□Remove

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ffective date, if other than the an effective date is listed, the date mu fote: If the date inserted in this bocument's effective date on the D	ock does not meet the	: applicable statutor	ng or more than 90 days ry filing requirement	optional) safter filing.) Pursu s, this date will no	ant to 605.020 ot be listed a
record specifies a delayed effective is filed.	re date, but not an effe	ective time, at 12:0	a.m. on the earlier	of: (b) The 90th	day after the
ADDII O	202				
APRIL 9	_	\cap			
Pated Arkit, 9	Signature of a member	Pur	untativa af a mombor		

Filing Fee: \$25.00