K21000101563

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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TO:	Registration S Division of Co			
CUB		DERS USA LLC		
SUBJ	IECT:	Name of Limite	ed Liability Company	
The e	nclosed Articles o	of Amendment and fee(s) are subm	itted for filing.	
Please	e return all corres	pondence concerning this matter to	the following:	
		Jackeline PINTO DUBON		
			Name of Person	
			Firm/Company	
		340 SE 3rd Street # 2610		
			Address	
		MIAMI, FL 33131		
		dadog01@yahoo.com	City/State and Zip Code	
•			be used for future annual report notific	cation)
		n concerning this matter, please cal		
ALE	JANDRO LOPEZ		786 498-0953 at ()	
	Name	e of Person	Area Code Daytime '	Telephone Number
Enclo	osed is a check for	r the following amount:		
□ s	\$25.00 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 Addi Registration		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
previation "L.L.C."
c of the new register
•
v
. .
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 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
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
1			□Remove
			□ Change
			□Add
 - -			Remove
			□Change

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Note: If	date, if other than the date of filing: 06/01/2021 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	,
d is filed Dated	$\frac{06/01}{}$, $\frac{2021}{}$
	Signature of a member or authorized representative of a member

Secretarian Contraction