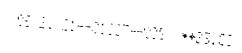
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
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Office Use Only



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1.1.1

COVER LETTER

		COVER LETTER	
TO: Registration			
Division of C	orporations	٠,	
MOLDB	USTERS USA LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIALY DE BRACAM	MONTE	
		Name of Person	
	MOLDBUSTERS USA L	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2617 WATERLINE ST		
		Address	
	KISSIMMEE 34743		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
MARIALY DE BRAC	AMONTE	407 8074840	
Name of Person		at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
325.00 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 Addr	ess:	Street Address:	
Registration		Registration S	
	Corporations	Division of C	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLDBUSTERS USA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition for the Liabil	pany were filed on 03/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited"	Liability 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 ADDRES.	(S)	
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our records, enter the nan	ie of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. C. LOST ALL		
New Registered Office Address:	Enter Florida street address	
	is the state of th	93
	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being autoor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIALY DE BRACAMONTE	2617 WATERLINE ST	≣ Add
		KISSIMMEE 34743	□Remove
			Change
			🗀 Add
			□ Remove
			☐ Change
			□Add
			Remove
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ffective date, if other than the an effective date is listed, the date in serted in this ocument's effective date on the	ust be specific a block does no	and cannot be pr t meet the app	rior to date of fi blicable statute	ling or more that ory filing requi	(option 90 days after firements, this c	ling.) Pursuant to (505.0207 isted as
record specifies a delayed effect l is filed.	ive date, but n	ot an effective	e time, at 12:0)1 a.m. on the	carlier of: (b)	The 90th day a	fter the
JUNE 14		2021					
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		a member or at	wales	Dia	Camos	W	