

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003560313)))



H220003560313ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:			
		Division of Cor	pq	prations
		Fax Number	:	(850)617-6383
	From:			
		Account Name	:	ALLSTATE CORPORATE SERVICES CORP
		Account Number	:	I20040000031
		Phone	;	(800)906-9220
>		Fax Number	:	(800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MDB GLOBAL EXPRESS LLC

Certificate of Status	I
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 OCT 17 AMII:118

(((H220003560313)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cltv , Fiorida	Zip Code
Planida	•-
Enter Florida street address	
<del> </del>	<u> </u>
	17.1
address on our records, enter the 1	
	test .
<u> </u>	22
	·
lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
ility company here:	
were filed on 04/21/2021	and assigned
my as it now appears on our records.)	
	eddress on our records, enter the temperature of te

## 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>	Name	Address	Type of Action
AMBR	DANIELLE SHIN	5201 THOROUGHBRED LN	
		SOUTHWEST RANCHES, FL 33330	=Remove
			Change
AMBR	IGOR STOLYAR	5201 THOROUGHBRED LN	■Add
		SOUTHWEST RANCHES, FL 33330	□Remove
			□Change
			□Add
			□Remove
			□Add
		<del></del>	Remove
			□Change
·			□Add
			□Remove
			Change
•	<del></del>		□Add
			🗆 Remove
			□Change

	····			
	<del></del>			
				· · · · · · · · · · · · · · · · · · ·
		····		
	·	<del></del>		<u> </u>
	<u> </u>			
		<del></del> -	····	
				<u> </u>
				<del></del>
		<del></del>		
				<del></del>
ffective date, if other than the date an effective date is listed, the date must be store. If the date inserted in this block ocument's effective date on the Depa	c does not meet the appli	cable statutory filing	(optional) re than 90 days after filing.) I requirements, this date w	Pursuant to 605.0207 will not be listed as t
record specifies a delayed effective d i is filed.	ato, but not an effective	iine, at 12:01 a.m. o	n the earlier of: (b) The	90th day after the
ated OCTOBER 17	2022	·		
	Igar Stal	yar	of a member	<del></del>