L21000246297

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COVER LETTER

TO:		istration Se sion of Cor			•	3
cunir		USA MR E	DEVELOPERS LLC			
SUBJE	CI:					
The end	closed	Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please r	return	all correspo	ndence concerning this matter t	to the following:		
			MANUEL PRADAS			
				Name of Person		_
			GAM INVESTMENTS			
				Firm/Company		_
			1820 N CORPORATE LA	KES BLVD SUITE 206-10		
				Address		_
			WESTON, FL 33326			
				City/State and Zip Code		_
			mp.gamservices@gmail.con			
			E-mail address: (t	o be used for future annual report notificati	on)	20
For furt	her in	formation co	oncerning this matter, please ca	ill:		PET AUS
MANU	JEL PI	RADAS		954 6706423 at ()		း ယ မြ
		Name of	f Person	Area Code Daytime Tel	lephone Numb	
Enclose	ed is a	check for th	ne following amount:			हर्के स्त
■ \$25	5,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	filing Fee, rate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA MR DEVELOPERS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000246297}{1.000246297}$.	were filed on 05/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records, en	ter the name of the
registered agent and/or the new registered office address her		
Name of New Registered Agent:		1021 AUG
New Registered Office Address:	Enter Florida street address	75 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Florida	Zip Gale
New Registered Agent's Signature, if changing Registered Agent:	•	F 5

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN IGNACIO COLAZO	1820 N CORPORATE LAKES BL	■ Add
		WESTON, FL 33326	□ Remove
			Change
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ffective date, if other than the data in effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depart	does not meet the appi	icable statutory filing r	than 90 days after filing.) equirements, this date v	Pursuant to 605	30207 i
e record specifies a delayed ef The 90th day after the record		ot an effective tim	ne, at 12:01 a.m. c	on the earlie	er of:
ated	2021				
<u> </u>					
J. Car	you faller				
Sign	buttere of a member or aut	horized representative of	a member		

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Filing Fee: \$25.00