NZI 000267572

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(Essenses Entry Name)
(Document Number)
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2022 AUS -3 PH 3: 47 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Division of C			
OB GRO	OUP USA LLC	·	
	Name of Lim	ited Liability Company	• •
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	IVO CASTILLO		
		Name of Person	
	OB GROUP USA LLC		
		Firm/Company	
	7275 SW 90TH WAY G20	07	
		Address	
	KENDALL/FLORIDA 33	156	
		City/State and Zip Code	
	allfinancialservices2020@g	mail.com to be used for future annual repor	t natification)
For further information	n concerning this matter, please c		
IVO CASTILLO		561 270987'	7
Nam	e of Person		aytime Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

Street Address:

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

OB GROUP USA LLC			
(Name of the Limit	ed Liability Company as it now an (A Florida Limited Liability Compa	pears on our records.) ny)	
'he Articles of Organization for this Limited Li	iability Company were filed or	07/01/2021	and assigned
lorida document number L21000267572	 ·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,"	he designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
	 		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or ragent and/or the new registered office addres		or records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:			· - ·
New Registered Office Address:	Enter	Florida street address	
	City	, Florida <u></u>	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 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>	<u>Address</u>	Type of Action
AMBR	ERIK CASTILLO	2430 BRICKELL AVE APT 301A	
		BISCAYNE PARK, FL 33129	□Remove
			□Change
			□Add
			□Remove
			□ Change
			SECTOR TAL
			Add 2022 AUG - 3 PM 3: 47 SECRETARY CHARACTER STATE TALLUAHASSEE, FL
			□Remove
			Change
			□Change
			□ Add
			□ Remove
			□Change

·=	
ective date, if (effective date is li	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date in	scrted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ument's effectiv	re date on the Department of State's records.
cord specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	
ed	2022
ed	
	// AND A

Typed or printed name of signee