

L21000289338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

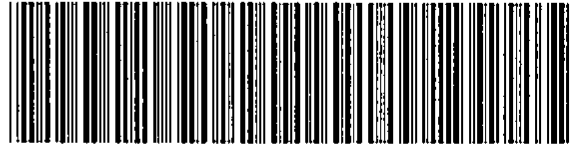
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/24/21--01014--020 ++25.00

2021 OCT 25 PM 12:01

Amend
Name chg

OCT 30 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR Representaciones USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aida Lucia Certuche
Name of Person
Aida Lucia Certuche
Firm/Company
19421 SW 14TH Street
Address
Pembroke Pines - FL 33029
City/State and Zip Code
Juridico@certucheabogados.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Idriona Certuche at (786) 486 1293
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
SEPTEMBER 9, 2021
TALLAHASSEE, FL

September 9, 2021

AIDA LUCIA CERTUCHE
1924 SW 14TH ST
PEMBROKE PINES, FL 33029

19241

SUBJECT: MR REPRESENTACIONES USA LLC
Ref. Number: L21000289338

Resend
letter

We have received your document for MR REPRESENTACIONES USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please complete the form in its entirety as the address and title for the manager/members were left blank.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00021766

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MR Representaciones USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 OCT 25 PM 12:01

The Articles of Organization for this Limited Liability Company were filed on 06-22-2021 and assigned
Florida document number L21000289338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Certuche Associates USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

950 S Pine Island road
Suit A150 of 1012
Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

950 S Pine Island road
Suit A150 of 1012
Plantation, FL 33324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Type of Action</u>
AMBR	Certuche, Aida L	19421 SW 14TH Street	<input checked="" type="checkbox"/> Add
		Pembro Pines - FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Certuche Aida L	19421 SW 14TH Street	<input type="checkbox"/> Add
		Pembroke Pines - FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alonso, Maria E	19421 SW 14TH Street	<input type="checkbox"/> Add
		Pembroke Pines - FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alonso, Maria E	19421 SW 14TH Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines - FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add Services

Soft Landing Services, consulting
and marketing.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20, 2021.

Aida Lucia Certuche

Signature of a member or authorized representative of a member

Aida Lucia Certuche

Typed or printed name of signee

Filing Fee: \$25.00