Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&N GLOBAL USA LLC

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K. Brumble

COVER LETTER

TO: Registra Division	ation Section of Corporations	
M& SUBJECT:	N GLOBAL USA LLC	•
30 <i>03</i> 3C1	Name of L	Limited Liability Company
The !		
	cles of Amendment and fee(s) are s	
Please return all co	orrespondence concerning this mart	ter to the following:
	URIEL A HINCAPIE B	ETANCUR
		Name of Person
	M&N GLOBAL USA L	LC
		Firm/Company
	4488 SPRING BLOSSO	MLN
		Address
	KISSIMMEE, FL 34746	j
		City/State and Zip Code
	URIELHINCAPIE0708@	
For firether informs	e-mail address: ation concerning this matter, please	(to be used for future annual report notification)
		Call:
URIEL A HINCA		407 994-6743 8t ()
7	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:	
≅ \$25.00 Filing F	Gee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	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

M&N GLOBAL USA LLC				
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number L2200005000	Company were filed on 01/01/2022	an	id assign	ıed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	Ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.C	- **
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the na	me of the		gistered
Name of New Registered Agent:			AON 2202	<u> </u>
New Registered Office Address:		925. 225.	+	
	Enter Florida street address	=, 21	PH 3	7.1
	, Florida	Zip C	-: ~&	

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	Carmen Pallaviccine	4488 SPRING BLOSSOM LN	■Add
		KISSIMMEE, FL 34746	
			Change
			□Add
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			□Remove
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Effective date, if other than the date must an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	AV MORS THAT HIER FIRE SABIL	Caule stantiony ming re	(optional) than 90 days after filing.) Pu quirements, this date wil	arsuant to 605,0207 (If not be listed as (
e record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
Dated 11-11	, 2022			
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J.	-Director A order treesports of ann	overed tehresemental of 9	membét	
URIEL A HINCAPIE BE				

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Filing Fee: \$25.00