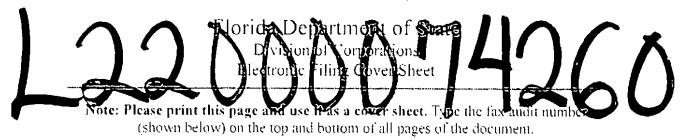
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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 **HUCKLEBERRY USA LLC**

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220004196053

HUCKLEBERRY USA LLC			
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL22000074260	02/14/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		202	
(Principal office address MUST BE A STREET ADDRESS)	.,,,,,-	20 25 O E C	
-			
		7	
Enter new mailing address, if applicable:		- 19 CM	
(Mailing address MAY BE A POST OFFICE BOX)		FR T	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the nam	e of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street oddress		
City	, Florida	Zw Code	
New Registered Agent's Signature, if changing Registered Agent:		and a const	
i hereby accept the appointment as registered agent and agree to act in this c	onacity I further ass	vee to county with th	

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:

H22000419605 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AVENDANO, SILIETH	1470 NE 125 TERRACE UNIT 307	
		NORTH MIAMI, FL 33161	
			Change
			□Add
			Remove
			Change
			2022 DEC 27 F
			Ti⊆i. Ti⊆i. TiGhange
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n effective <u>ete:</u> If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable st effective date on the Department of State's records.	of filling or more than 90 days after	r filing) Pursuant to 605 0207
cord speci is filed.	cities a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: ()	o) The 90th day after the
ted	DECEMBER 13TH 2022		
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