

6/20/22 3:51 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000124221

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : 120160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: assistant.hayilana@larsonacc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MT US LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 JUN 20 11:43:35

2022 JUN 20 AM 5:46

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MT US 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUTING GROUP

Firm/Company

7901 KINGSPONTE PKWY SUITE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

assistant.hayllana@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON 407 3703686
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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

MT US LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/11/2022 and assigned
Florida document number 122000124221.

This amendment is submitted to amend the following:

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

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)

14604 Avenue of the Rushes

Winter Garden, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14604 Avenue of the Rushes

Winter Garden, FL 34787

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:

14604 Avenue of the Rushes

Enter Florida street address

Winter Garden

City

Florida 34787

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

2022 JUN 20 12:54 PM
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AMF
APPROVED

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	MARCELO CASTANHA	14604 Avenue of the Rushes	<input type="checkbox"/> Add
		Winter Garden Fl 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TALITA CASTANHA	14604 Avenue of the Rushes	<input type="checkbox"/> Add
		Winter Garden, Fl 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

NA

NA

NA

E. Effective date, if other than the date of filing: NA (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 (2)(d).

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: (1) The 90th day after the record is filed.

Dated JUNE 20 2022

TALITA CASTANHA
Signature of a member or authorized representative of a member

TALITA CASTANHA
Typed or printed name of signer