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COVER LETTER

	Registration Se Division of Cor			
		ÐINGS ⊎SA, LLC	•	; ≠
SUBJEC	T:	Name of Lim	ited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Luca Di Nunzio		
			Name of Person	- 7.05 - 7.05
		Dorcey Law Firm		2022 JUL 11
			Firm/Company	- 50% = -
		10181 Six Mile Cypress P	kwy, Suite C	AM 8: 93
			Address	
		Fort Myers, FL 33966		3
		support@dlfregisteredagen	City/State and Zip Code	_
			to be used for future annual report notification)	-
For furth	er information c	oncerning this matter, please c	all:	
Luca Di	Nunzio		239 308-1073	
	Name o	f Person	Area Code Daytime Telephone Numb	er
Enclosed	is a check for th	ne following amount:		
≣ \$2 53	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	
	P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MNB HOLDINGS USA, 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 $\frac{03/31/2022}{1}$ ____ and assigned Florida document number 1.22000156592 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MNB USA Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbregiation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
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			SE DEMange
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			□Remove

/s/ Mattl	new Sarac	
June 6	. 2022	
record specifies a delayed effe d is filed.	ctive date, but not an effective time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after th
tote: If the date inserted in thi	the date of filing:	
		
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 		2022 SEI TAL

Filing Fee: \$25.00