L22000265777

(Reque	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nai	me)
(Docur	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





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2023 SEP -5 AM 10: 02 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cou					
SUBJECT: BALANZ	CAPITAL USA LLC				
SOBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	· ·			
	Josephin Reyes Rivers				
		Name of Person		_	
	Guillen Pujol CPAs				
	·	Firm/Company		_	
	6161 Waterford District D	or. Suite 475			
		Address		_	
	Miami, FL 33126				
		City/State and Zip Code		_	
	admin@guillenpujol.com				
	E-mail address: (to be used for future annual report notific	ation)	202 SE	
For further information of	oncerning this matter, please o	all:		2023 SEP SECRETA	enter.
Nestor Guillen		305 831-4093		P -5	Compare de la co
Name o	f Person		Telephone Numb		
Enclosed is a check for the	he following amount:			0: 02)	**************************************
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status &	
Mailing Addres	55:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

f

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**

R.	ΔL	Λ	N/Z	CA	DIT	Δ1	USA	1.1	C
D /	1 L		1	1.71	1111	/\ L.	USA	1.1	м.

The Articles of Organization for this Limited Li	ability Company	were filed on ^{Jun}	e 10, 2022	а	nd assi	ened
Florida document numberL22000265777	·					5
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company her	<u>œ</u> :			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the	abbrevia	tion "L.l	"C."
Enter new principal offices address, if applica	ıble:	2811 Ponce de L	eon Blvd, Suite 710	S	2023	
(Principal office address MUST BE A STREE	T ADDRESS)	Coral Gables, FI	. 33134	TAR	23.5	a 4 223
				الا 133	_ [. 5	
Enter new mailing address, if applicable:		2811 Ponce de L	eon Blvd. Suite 710	HASSE HASSE	-5 AH	Semed Page Control
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	Coral Gables, FL	. 33134		ਠੁ	40.00
				F = 1	02	
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:			cords, <u>enter the na</u>	ime of t	<u>he new</u>	register
	6161 WATERI	CORD DISTRICT D	D CHUTE 476			
New Registered Office Address:	6161 WATERFORD DISTRICT DR. SUITE 475 Enter Florida street address					
	MIAMI		Florida	33126		
		City			Code	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MERLINI, JULIO	2811 Ponce de Leon Blvd, Suite 710	≅Add
		Coral Gables, FL 33134	□Remove
			Change
MGR	GANTER, RICHARD	2811 Ponce de Leon Blvd, Suite 710	□Add
		Coral Gables, FL 33134	□Remove
			S Change
MGR	LUCIER, ALFRED, II	2811 Ponce de Leon Blvd, Suite 710	SEP DAdd
		Coral Gables, FL 33134	
			SOF Themove
Т	HWANG, ERIC	-	🗆 Add
			■Remove
			Change
			□Add
			□Remove
			Change
		_	□Add
			□Remove
			□ Change

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Filing Fee: \$25.00