

L220004107979

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PETER MATHISON LLC
Account Number : 120210000151
Phone : (305)520-9143
Fax Number : (786)705-2040

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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2MG USA LLC

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T. LEMIEUX
NOV 25 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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

2MG 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 09/19/2022 and assigned
Florida document number L22000407979.

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**)

2519 ARTHUR ST

HOLLYWOOD, FL, 33020

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2519 ARTHUR ST

HOLLYWOOD, FL, 33020

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

Florida

City

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

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>
MGRM	GALAN, MARIO ANTONIO	2519 ARTHUR ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL, 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CECILIA E MAZZEI	2519 ARTHUR ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL, 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRUNO I GALAN PAZOS	2519 ARTHUR ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL, 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GIMENEZ, CARLOS MARTIN	17401 NW 2 AVENUE	<input type="checkbox"/> Add
		UNIT 9	<input checked="" type="checkbox"/> Remove
		MIAMI GARDEN, FL 33169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

[illegible]

E. Effective date, if other than the date of filing: 11/21/2024 (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 (3)(b)

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

Dated November 21, 2024

11 21 30 34 45 53 64

Signature of a member or authorized representative of a member

MARIO ANTONIO GALAN

Typed or printed name of signee

Filing Fee: \$25.00