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 : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: ben@yescapitalgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRHC LLC

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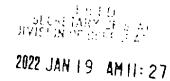
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MRHC LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000523566</u> .	y were filed on 12	/14/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ulity Company," the d	esignation "LLC" or the	abbreviation "L.I. C."
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 of registered agent and/or the new registered office address be Name of New Registered Agent.		our records, ente	er the name of the ne
New Registered Office Address:			
	Emer Flo	rida xivet address	
	Cuv	, Florida	Zıp Code
Name Danistana d America Circustrums (fightennian Danistorad Agent	,		py Cone
New Registered Agent's Signature, if changing Registered Agent		Same in 16 athers	anna to comply with il
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in (Smy duties, and Lar Chapter 605, F.S. C	n familiar with and Or, if this document is
16(1)	i Domittaged C	gent Signature of Now	Honistered 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>	Address	Type of Action
AMBR	Maurice Mosseri	1235 Avenue T	
		Brooklyn, NY 11229	☐ Remove
			☐ Change
•			□ Remove
			Change
			
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bi document's effective date on the D	date of filing:
the record specifies a delayed) The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
Dated January 18	2023
·	/s/ Maurice Mosseri Signature of a member of authorized representative of a member
	organists of a memory of authorized representative of a member
Maurice Mosseri	

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