

6/14/23, 1:43 PM

Division of Corporations

H230002142113

# L230002142113

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H23000214211 3)))



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To:

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

From:

Account Name : MAS FINANCIAL GROUP INC  
Account Number : I20070000101  
Phone : (954)873-9018  
Fax Number : (800)559-9305

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

Email Address: 055@MASFINANCIALGROUP.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**LIMSA USA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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S. ROBERTS

JUN 15 2023

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Corporate Filing Menu

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

LIMSA 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 01/19/2023 and assigned  
Florida document number L23000020149

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."

Enter new principal offices address, if applicable:

1555 BONAVENTURE BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 200WESTON, FL 33326

Enter new mailing address, if applicable:

1555 BONAVENTURE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 200WESTON, FL 33326

**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

City Florida

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

H230002142113

H230002142113

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>                      |
|--------------|----------------------------|-----------------------------------|--------------------------------------------|
| MGR          | FERNANDO BONGAIN MONSA LVE | 1555 BONAVENTURE BLVD STE 200     | <input type="checkbox"/> Add               |
|              |                            | WESTON, FL 33326                  | <input type="checkbox"/> Remove            |
|              |                            |                                   | <input checked="" type="checkbox"/> Change |
| MBR          | BNDK GLOBAL HK, LIMITED    | c/o 1555 BONAVENTURE BLVD STE 200 | <input checked="" type="checkbox"/> Add    |
|              |                            | WESTON, FL 33326                  | <input type="checkbox"/> Remove            |
|              |                            |                                   | <input type="checkbox"/> Change            |
| MGRM         | DANIEL DAMKE CHIANG        | C/O 1555 BONAVENTURE BLVD STE 194 | <input type="checkbox"/> Add               |
|              |                            | WESTON, FL 33326                  | <input checked="" type="checkbox"/> Remove |
|              |                            |                                   | <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            |
|              |                            |                                   | <input type="checkbox"/> Add               |
|              |                            |                                   | <input type="checkbox"/> Remove            |
|              |                            |                                   | <input type="checkbox"/> Change            |

H230002142113

H230002142113

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

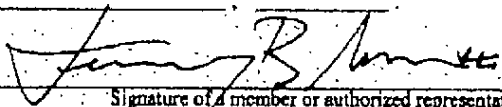
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 JUNE, 14

2023



Signature of a member or authorized representative of a member

FERNANDO BONGAIN MONSALVE

Typed or printed name of signee

Filing Fee: \$25.00

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