6/14/23, 1:43 PM Division of Corporations

H23000214211 3

L23000220149

Florida Department of State
Division of Corporations
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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: OJS@MASFINANCIALGROUP.COM

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LIMSA USA, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. ROBERTS
JUN 15 2023

H23000214211 3

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H23000214211 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 JUN 14 PM 6:14

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

2023 JUN 14 PM 6:21

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1555 BONAVENTURE BLVD.
SUITE 200
WESTON, FL 33326

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1555 BONAVENTURE BLVD.
SUITE 200
WESTON, 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

_____, **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

H23000214211 3

H23000214213

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

Title	Name	Address	Type of Action
MGR	FERNANDO BONGAIN MONSA LVE	1555 BONAVENTURE BLVD STE 200	☐Add
		WESTON, FL 33326	☐Remove
			■Change
MBR	BNDK GLOBAL HK, LIMITED	c/o 1555 BONAVENTURE BLVD STE 200	■Add
		WESTON, FL 33326	☐Remove
			☐Change
MGRM	DANIEL DAMKE CHIANG	C/O 1555 BONAVENTURE BLVD STE 194	☐Add
		WESTON, FL 33326	■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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H23000214 2113

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

H23000214 2113