Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000049969 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

10

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTISSEMENT USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTISSEMENT USA LLC

New Registered Agent's Signature, if changing Registered Agent:

.

(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)
(A Floric	ла Сипиед Сивониту Company)
The Articles of Organization for this Limited Liability (Florida document number L23000021764	Company were filed on 01/10/23 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
0 0 0	ed office address on our records, <u>enter the name of the new registe</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	1::
New Registered Office Address:	20 20 23
	Enter Florida street address
	Florida =
	2,000

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 familtar 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 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	Benoit Malige	7901 4th St N	🗹 Add
		STE 300	□Remove
		St. Petersburg, FL 33702	□ Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
		-THEREIL	□Remove
			DChange
<u></u>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

<u> </u>					
·					
<del></del>	<u>.</u>				
					<del></del>
<del></del>	<u>.</u>				<del></del>
ffective date, if other than the d	ate of filing:			(optional)	
an effective date is listed, the date must boote: If the date inserted in this bloc	e specific and cannot k does not meet the	be prior to date of applicable stat	thing or more than utory filing requi	190 days after filing. rements, this date	Pursuant to 605.0207 ( will not be listed as t
ocument's effective date on the Dep					
record specifies a delayed effective of its filed.	late, but not an effe	ctive time, at 1.	2:01 a.m. on the o	earlier of: (b) Th	e 90th day after the
<sub>ated</sub> January 25	. 202	23			
	Rule	tar Je	-way		
	gnature of a member	or authorized ren	resentative of a me	mber	
В	<b>B</b>				

Filing Fee: \$25.00