

L230000030925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

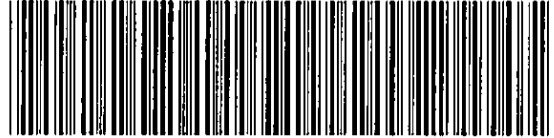
(Business Entity Name)

(Document Number)

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FILED
2024 NOV -1 AM 10:01
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KUBERA USA LLC

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:

NINETT VIELMA

Name of Person

TAX & PRO BUSINESS CONSULTING LLC

Firm/Company

11621 ANNETTE DR.

Address

YUKON OK 73099

City/State and Zip Code

VIELMANINETT@GMAIL.COM

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

For further information concerning this matter, please call:

NINETT VIELMA 786 9085109

Name of Person at () Daytime Telephone Number
Area Code

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV - 1 AM 10:

FILED

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

KUBERA 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 01/17/2023 and assigned
Florida document number L23000030925.

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)

11621 ANNETTE DR

YUKON, OK 73099

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11621 ANNETTE DR

YUKON, OK 73099

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:

GLEND A LIRA PA

New Registered Office Address:

3262 W 96th PL

Enter Florida street address

HIALEAH

City

Florida 33018

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.

Glenda Lira

If Changing Registered Agent, Signature of New Registered Agent

FILED
JAN 17 2023
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF OKMULGEE, FLORIDA

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>
AMBR	NUNEZ PEREZ, AMAURY G	20230 NE 3RD CT APT 2	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MORALES PEREZ, MIGUELINA	20230 NE 3RD CT APT 2	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMR	MORALES PEREZ, MEYLING J	11621 ANNETTE DR	<input type="checkbox"/> Add
		YUKON, OK 73099	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MORALES PEREZ, EDGAR O	11621 ANNETTE DR	<input type="checkbox"/> Add
		YUKON, OK 73099	<input type="checkbox"/> Remove
			<input checked="" 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

2024 NOV - 1 14:10:00
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 NOV -1 AM 10:01
COUNTY OF STATE
FALL WASSER, FL

100