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(Requestor's Name)
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PICK-UP	WAIT MAIL
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Copies	Certificates of Status
	
Instructions to f	Filing Officer:
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Office Use Only



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2023 FAR 21 AN IO: 22



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/21/2023

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)] 1131997

ORDER ENTITY MALFRAN U.S.A., LLC

PLEASE PERFORM THE FO	LLOWING SERVICES:
MALFRAN U.S.A., LLC (FL)

File the attached amendment

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 21, 2023 Page 1 of 1

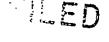
COVER LETTER

TO:

TO: Registration So Division of Cor			
MALFRAI SUBJECT:	N U.S.A., LLC		
SOBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LARRY BEHAR		
		Name of Person	
		Firm/Company	
	888 SE THIRD AVE, SUI	TE 400	
		Address	
	FORT LAUDERDALE, F	L 33316	
		City/State and Zip Code	
	larry@cb-5lawyers.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
LARRY BEHAR	<i>g</i>	954 524-8888	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
署 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Malling Addre</u> Registration		Street Address:	ection
Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassec,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 K+R 21 AH 10: 22

MALPKAN U.S.A., LLC			TO THE WAY OF STATE		
(Name of the Limited I (A l	iability Compa Iorida Limited I	ny as it now appears (Liability Company)	on our records.) SSEE. FL		
he Articles of Organization for this Limited Liabi lorida document number L23000037351	lity Company	were filed on 01/1	9/2023 and assigned		
his amendment is submitted to amend the followi	ng:				
If amending name, enter the new name of th	e limited liab	ility company here	2		
he new name must be distinguishable and contain the words	s "Limited Liabil	lity Company " the des	ignation "LLC" or the abbreviation "L.L.C."		
		888 SE THIRD A			
nter new principal offices address, if applicabl Principal office address M <u>UST BE A STREET A</u>		SUITE 400			
Theight office miness rager 2271 grants	11212 (CISLAY)	FORT LAUDERI	DALE, FL 33316		
		888 SE THIRD A	VE		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	15 4)	SUITE 400			
Hunng university I BE A 1 051 01 (1C1, BU	aung dauress MAY BE A POST OFFICE BOAT		FORT LAUDERDALE, FL 33316		
. If amending the registered agent and/or registered affice address he new registered office address he Name of New Registered Agent:			ords, enter the name of the new register		
New Registered Office Address:	888 SE THIRE	AVE, SUITE 400	a street addr e ss		
	FORT LAUDERDALE		, Florida 33316		
-	<u>.</u>	City	Zip Code		

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

MATERIANTIC A LIC

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.

/s/ Larry Behar
If Changing Registered Agent, Signature of New Registered 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>	Name	Address	Type of Action
MBR	POMERLEAU, ALEXANDRE	11620 SW 140TH AVE	
		MIAMI, F1. 33176-4002	Remove
			□Change
	4		□Add
			□Remove
			[]Change
			C]Add
			□Remove
			Change
			[]Add
			[]Remove
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			□Remove
			☐ Change
			ElChange

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Filing Fee: \$25.00