

11/3/23, 3:45 PM

Division of Corporations

L2300038325611
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEADER ASSOCIATES LLC
Account Number : I2018000056
Phone : (954)998-3963
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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MANGELS SOLUTIONS AND RECYCLING USA LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANGELS SOLUTIONS AND RECYCLING 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 JULY 10, 2023 and assigned Florida document number L23000325611

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)

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

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

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	Elio Pereira da Silva	R. CACAPAVA, 15, APTO 41, BAETA NEVES	<input type="checkbox"/> Add
		SAO BERNARDO DO CAMPO, SP, 09751-460 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fabiano Lobo de Moraes	R. REI V. EMANUEL, 247, APTO 43	<input type="checkbox"/> Add
		RUDGE RAMOS, SAO BERNARDO DO CAMPO	<input checked="" type="checkbox"/> Remove
		SP, 09620-010 BR	<input type="checkbox"/> Change
MGR	Pedro Galvao Filho	RODOVIA FERNAO DIAS, KM 755,6	<input checked="" type="checkbox"/> Add
		DISTRITO INDUSTRIAL, TRES CORACOES, MG	<input type="checkbox"/> Remove
		37418-760 BR	<input type="checkbox"/> Change
MGR	Eduardo Moraes de Campos	RODOVIA FERNAO DIAS, KM 755,6	<input checked="" type="checkbox"/> Add
		DISTRITO INDUSTRIAL, TRES CORACOES, MG	<input type="checkbox"/> Remove
		37418-760 BR	<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

