

7/22/24, 3:46 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing (Cover Sheet)

L23000407404

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To: Division of Corporations  
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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  
 MEGA PORT LLC**

Certificate of Status	0
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M. SOLOMON

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July 23, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MEGA PORT LLC  
16615 CHAMPAGNE FALLS CT  
SPRING, TX 77379

SUBJECT: MEGA PORT LLC  
REF: L23000407404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000248020  
Letter Number: 824A00016194

ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF

MEGA PORT 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 L23000407404 and assigned Florida document number 08/30/2023

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: 15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160  
*(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: FLORIDA REGISTERED AGENTS LLC

New Registered Office Address: 15805 BISCAYNE BLVD STE 201  
*Enter Florida street address*

AVENTURA, Florida 33160  
*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

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TALLAHASSEE, FLORIDA

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If updating 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	N. B. BOSI, CRISTINA	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		AVENTURA, FL 33150	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	LARANJA BOSI, RICARDO	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		AVENTURA, FL 33150	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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