

4/29/24, 11:20 AM

Division of Corporations

H240001549543

L230001549543

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000154954 3)))



H240001549543ABC1

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:

Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

2024 APR 29 PM 12:44

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MUTTACH CONSULTING GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2024 APR 29 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

Help
APR 30 2024

H24000154954 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUTTACH CONSULTING GROUP, 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:

ARMANDO VASQUEZ

Name of Person

CITI TAXES LLC

Firm/Company

5721 NW 112TH AVE APT 108

Address

Doral, FL 33178

City/State and Zip Code

citi.taxes@yahoo.com

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

For further information concerning this matter, please call:

Armando Vasquez

305 803-4427

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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

MUTTACH CONSULTING GROUP, 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 11/01/2023 and assigned
Florida document number L23000495243.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BEULA USA LLC

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:

1847 W HILLSBORO BLVD # 1011

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33442

Enter new mailing address, if applicable:

1847 W HILLSBORO BLVD # 1011

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH, FL 33442

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:

HIUNITTO D. PALACIOS MOSQUERA

New Registered Office Address:

1847 W HILLSBORO BLVD # 1011

Enter Florida street address

DEERFIELD BEACH

Florida 33442

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.

Honitto
If Changing Registered Agent, Signature of New Registered Agent

9/21/23 11:12:15

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	Frenyer G. Muttach Breidenbach	5590 NW 107 AVE UNIT 1105	<input type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
MGR	Hiunitto D. Palacios Mosquera	1847 W HILLSBORO BLVD # 1011	<input checked="" type="checkbox"/> Add ✓
		DEERFIELD BEACH, FL 33442	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 21st 2024

Unit 10

Signature of a member or authorized representative of a member

HIUNITTO D. PALACIOS MOSQUERA

Typed or printed name of signee

Filing Fee: \$25.00