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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone

: (305)358-1310 Fax Number : (305)503-6701

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIKE BUILDING USA, LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIKE BUILDING 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 ____03/08/2024 and assigned Florida document number <u>L24000112751</u>.

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 designat		
Enter new principal offices address, if applicable:		2021	
(Principal office address MUST BE A STREET ADDRESS	S)	511 = 7	
		7 7 7	
		9 .7	
		杨某门	
Enter new mailing address, if applicable:		777	
(Mailing address MAY BE A POST OFFICE BOX)		703 -	
		77 2	
		1.1	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str	vet address	
	. Florida		
	City	Zia 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 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALFREDO IGNACIO TRINDADE NETTO	7131 GRAND NATIONAL DR STE 103	Add
		ORLANDO, F1. 32819	Remove
		•••	X Change
			Add
			Change
			Add
			□Remove
			□Change

D.	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	Effective date, if other than the date of filing:		
	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 cord is filed.		
	Dated March 19, 2024.		
	Signature of a member or authorized representative of a member		

ALFREDO IGNACIO TRINDADE NETTO

Typed or printed name of signee