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2024 JUL -2 AM 9: 30 SECRETARY OF STATE

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COVER LETTER

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SUBJEC		com USA	LLC		
DODING C	*		Name of Lin	nited Liability Company	
The enclo	sed Artic	eles of An	nendment and fee(s) are sub	omitted for filing.	
Please ret	um all co	orrespond	ence concerning this matter	to the following:	
			Angel Ariel Rywaka		
				Name of Person	
			Febicom USA LLC		
				Firm/Company	
			581 NW Mercantile Pl sui	te 101	
				Address	
			Port Saint Lucie, FL 34986	6	
				City/State and Zip Code	
		; _	a.rywaka@hdklgroup.com		
			E-mail address: (to be used for future annual report notification)	
For furthe	r informa	ition cone	erning this matter, please ca	all:	2(
Angel Ari	iel Rywal	ка		305 4401777 P.S.	2024 JUL
	۸	lame of Pe	rson	Area Code Daytime Telephone Number	7
Enclosed i	is a check	for the fo	ollowing amount:	0.00 0.000 0.000	S. C.
□ \$25.00	0 Filing f	Fee (S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy Certificate of S Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
<u>N</u>	1ailing A	ddress:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Febicom USA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 05/29/2024	and assigned
Florida document number L24000246594		
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 ADDRES.	S)	
		5
Enter new mailing address, if applicable:		- 15 F - 17
(Mailing address MAY BE A POST OFFICE BOX)		
		一
D. I.C.		8G = 1
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
		产品 0
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>	Address	Type of Action
MGR	Angel Ariel Rywaka	581 NW Mercantile Pl suite 101	≣ Add
		Port Saint Lucie, FL 34986	
			□Change
			□Add
			□Remove
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Effective date, if other than the date from the date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to dat does not meet the applicable:	te of tiling or more than 90 d statutory filing requireme	(optional)	Sugart to 605 ft
locument's effective date on the Depa	rtment of State's records.		and this date will	not be fished us
record specifies a delayed effective dad is filed.	ate, but not an effective time, a	it 12:01 a.m. on the earlic	er of: (b) The 90t	th day after the
Pated July 2	2024	a)		
Zaico		//		
-	nature of member or authorized	f.		