10/18/24, 10.58 AM

Division of Corporations

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.

(((H24000348802 3)))



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 : REX LEGAL LLC Account Number : I20210000159 : (786)491-4307 Phone Fax Number : (786)373-3250

												-	
												21 -11	~
-wEntar	tho	Amail	addrace	for	thic	hucina	cc	antity.	tο	he u	iced	for futi	تكلوم
FFLIILEI	LIIC	CINGTI	auul C33	101	rii T2	DUSTILE	22	circity		oc c	300	10171011	,,,
	Aug 1	***		~ 6	En+a-	0014	200	ama i l	244		ala.	ase.*☆	
ഗമല	muat	repor	r marrin	ys, t	cnicer	Unity (3116	GIIIOT	auu	C 2 2	pre	ロコモ・ケケーノ	70
7. K		•		_		-							_
NICO C												1)	_
												. (0	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATE NEGRO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

Help OCT 21 2024

Electronic Filing Menu

Corporate Filing Menu

TO:

Registration Section

COVER LETTER

Division of Cor	porations				
MATE NE	GRO LLC				
SUBJECT:		nited Liability Company			
	Name of Em	med Emonity Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GEORGE JOVANOVIC				
		Name of Person			
	REX LEGAL LLC				
		Firm/Company			
		rimicompany			
	66 W FLAGLER ST. SUI	TE 900			
		Address			
	MIAMI, FL 33310				
		City/State and Zip Code			
	INFO@REXLEGAL.COM				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
GEORGE JOVANOVIO	•	786 3053105			
		at () Area Code Daytim	T. J		
Name o	f Person	Area Code Dayun	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		
	Certificate of Status	(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
Mailing Addres	«·	Street Address:			
Registration S		Registration Section			
Division of C	orporations	Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, i	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATE NEGRO LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company	were filed on 09/11/2024	and	assigned
Florida document number L24000396507			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	illity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	66 W FLAGLER ST. SUITE 900	. <u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130		
	USA	<u>.n</u>	2
Enter new mailing address, if applicable:	66 W FLAGLER ST. SUITE 900	20	2024 OCT
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	表現	8
The state of the s	USA	20	p M
		77 (7)	_ _ _ _ _ _
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	rri	nog registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Co	de

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

<u>Title</u>	Name	Address	Type of Action
MGR	LUIS F RIVAS	3096 AVALON ST.	
		RIVERSIDE, CA 92509	■ Remove
		USA	□ Change
MGR	Mijail Jose Aguilar Rodriguez	66 W FLAGLER ST. SUITE 900	≣Add
		MIAMI, FL 33130	
		USA	Change
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
· · · · · · · · · · · · · · · · · · ·			🗖 Add
			□ Remove
			□Change

				
		 	•••	

.				

		 -		
		11.4144.4.41m		
	· · · · · ·			
		<u>.</u>	_ .	
Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the appl	icable statutory filin	(optio ore than 90 days after I g requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
record specifies a delayed effective d d is filed.	late, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
OCTOBER 15TH	, 2024	·		
George	Jovanovic			
	// -		7	
Si _l	goture of a member or aut	thorized representative	of a member	

Filing Fee: \$25.00