

To:

Page: 1 of 4

2024-11-08 10:27:24 UTC+14

18506176383

From: ZenBusiness User

H24000371791 3

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L24000419640**

**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.

((H24000371791 3))



H240003717913ABC1

**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 : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MCH MULTI-SERVICES US, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

NOV - 8 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000371791 3

RECEIVED

2024 NOV - 7 PM 3:27

Division of Corporations  
TALLAHASSEE, FLORIDA

2024 NOV - 7 PM 4:57  
SECRETARY OF  
TALLAHASSEE, FLORIDA

FILED

To:

Page: 2 of 4

2024-11-08 10:27:24 UTC+14  
ARTICLES OF AMENDMENT

18506176383

From: ZenBusiness User

H24000371791 3

TO  
ARTICLES OF ORGANIZATION  
OF

MCII Multi-Services US, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 NOV -7 PM 4:57  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-26-2024 and assigned  
Florida document number 1.24000419640.

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 ADDRESS)

Enter new mailing address, if applicable:

(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:

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

H24000371791 3

H24000371791 3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Cordero	3005 W Lake Mary Blvd	<input type="checkbox"/> Add
		Ste 111 #2000	<input checked="" type="checkbox"/> Remove
		Lake Mary, FL 32746	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024 NOV 7 PM 4:57  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

H24000371791 3

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

FILED  
2024 NOV -7 PM 4:57  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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 November 7th, 2024

*/s/* Leysi Cordero

Signature of a member or authorized representative of a member

Leysi Cordero

Typed or printed name of signee