M19000005044

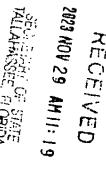
(Requestor's Name)	_					
(Address)						
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
	ŀ					

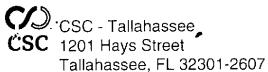
Office Use Only



500417974115

2023 NOV 29 PM 12: 00





850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/29/23 Order #: 1324295-1

Re: MT INVESTMENT HOLDINGS USA, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

Luddenan

12000000195

Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	gistration S vision of Co	orporations			
SUBJECT:		stment Holdings, US	۱, اِد م	LLC	
50.00ECT.				Name of Limited Liab	pility Company
Dear Sir or N	Madam:				
The enclosed	d Statemen	t of Correction and fee	(s)	are submitted for filin	g.
Please return	n all corres	pondence concerning t	his r	matter to the followin	g:
		Name of Person	1	· 	_
Corporation	n Sanica				
		Firm/Company	11		_
1201 Hays	St	Address			_
Tallahassa	ee. FL 3230		1		
		City/State and Zip Code			_
E-mail	address: (1	to be used for future ar	nua	report notification)	-
				i 	
For further in	nformation	concerning this matte	r, p]	 ease call: 	
Fra la	. + (7 SUIDA - MAN		R at (457	\ 947-0@50
	Name	of Person	5	Area Code	Daytime Telephone Number
Ma	iiling Addr	ress:	ļ		Street Address:
Reg	gistration	Section			Registration Section
	vision of D. Box 63	Corporations	(Division of Corporations The Centre of Tallahassee
		, FL 32314	į		2415 N. Monroe Street, Suite 810
			!		Tallahassee, FL 32303
Enclosed is	a check fo	r the following amou	nt:		
□\$25 Filing	g Fee	☐ \$30 Filing Fee &		□\$55 Filing Fee &	
		Certificate of Sta	us	Certified Copy	Certificate of Status & Certified Copy
			į		• •

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nt to section 605.0209. F.S., this docum The name of the limited liability com		•		
		! !			
SECO:	ND: The Florida Document numb	er of the limited liability of	company is:		
<u> FHIRI</u>	Document to be corrected is:	1			
	(CHECK THE APPROPRIAT	EE BOX AND COMPLE	TE THE APPLICABLE STATEM	<u>1ENT</u>	
	Contains an incorrect statement. The statement are as follows:				-T -1
	•	1		NOV 29	
		1 		<u> </u>	
	<u>OR</u>			PM 12: 06	<u> </u>
Ĭ	Was defectively signed. The manner as follows:	in which the document wa	as defectively signed and the approp	riate correction	are
	Change of agent filing was not author	orized to change agent t	o Michael Pollard		
	Change agent back to Corporation S	Service Company at 1	201 Hays St. Tallahassee, FL 32301		
		1			
	<u>OR</u>				
]	The electronic transmission of the reco	9	. / /	•	
	Signature of Authorized Re	MGR presentative	///37/o Date	<u> 1023 </u>	
	re of new registered agent, if applicable agent, if applicable agent agent.				gn
New Re	egistered Agent's Signature, if changing	Registered Agent:			
provisio phligati reflect o	v accept the appointment as registered to ons of all statutes relative to the proper ions of my position as registered agent of a change in the registered office address thange.	and complete performant as provided for in Chapte	e of my duties, and I am familiar wi r 605, F.S. Or, if this document is be	th and accept th ing filed to mer	ely
	Malissa DaKove	Melissa DeKoven c/o	Corporation Service Company ignature		
	·	Registered Agent's S	ignature		
	Cert	Filing Fee: tified Copy:	\$25.00 \$30.00 (optional)		

Filing Fee: Certified Copy: