

P19000005081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

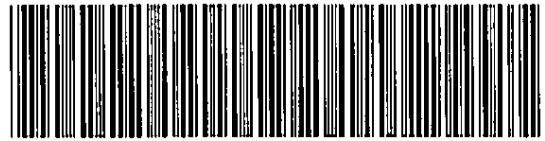
(Business Entity Name)

(Document Number)

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2019 FEB 28 PM 3:53  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MCH CONSULTING USA GROUP, CORP

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONIQUE HERZSTEIN

\_\_\_\_\_  
Name of Person

MCH CONSULTING USA GROUP, CORP

\_\_\_\_\_  
Firm/Company

20803 BISCAYNE BOULEVARD SUITE 440

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 923-5948  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FLORIDA, FL

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

20803 BISCAYNE BOULEVARD

SUITE 440

AVENTURA, FL 33180

20803 BISCAYNE BOULEVARD

SUITE 440

AVENTURA, FL 33180

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**Florida**

Civ

Zip Code

*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.*

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
S	FABRICE HERZSTEIN	20803 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 440	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

(b) The 90th day after the record is filed.



MONIQUE HERZSTEIN      PRESIDENT

**Filing Fee: \$25.00**