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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC. Account Number : I20200000118

: (305)260-6968 Fax Number : (786)513-7810

\*\*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 MCF INVESTMENTS USA LLC

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T. LEMIEUX

3

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number. <u>L25000041686</u>	n 1/23/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	v 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)	3
	11
Enter new mailing address, if applicable:	<b>C</b>
(Mailing address MAY BE A POST OFFICE BOX)	
	3
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, enter the name of the
New Registered Office Address:	Marida and I
Enter	Florida street address
***************************************	, Florida Zip Code
City	

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:

	Manager Authorized Member Name	<u>Address</u>	<b>1</b> 5
		Address	Type of Action
AMBR	ALBATROZ ENTERPRISES LLC	15805 BISCAYNE BLVD STE 205	
		AVENTURA, FL 33160	■ Remove
			Change
AMBR	HCF CAPITAL GROUP LLC	15805 BISCAYNE BLVD STE 205	
		AVENTURA, FL 33160	<u> </u>
			Change
			☐ Remove
			☐ Change
7			
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			D Add
			☐ Remove
			T / Youngs

To: