# L0900012614

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2009 APR -8 PM 12: 41

SECRETARY OF STATE
SECRETARY SEE, FLORID

C. LEWIS

APR -92009

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: HEGAMERICA FINANCIAL GROUP.  (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:			
Adriana Gonzalez (Name of Person)			
MEGAMERICA Solutions, LLC (Firm/Company)			
1904 Ponce DE LEON Blvd			
(Address)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MARIA RAVINIEAU at (305, 200-5852			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

# **ARTICLES OF AMENDMENT**

FILED

## ARTICLES OF ORGANIZATION 2009 APR -8 PM 12: 46 OF

H. Fin	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE GRANCECT THE HOLD OF THE LET		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 02/06/2009 and assigned Florida document number 0900012614		
Florida document number $0900012614$		
	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HEGAMERICA SO	<del></del>	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation	
"L.L.C."	100 ) Bly	
Enter new principal offices address, if applicable:	1904 tonce de deon	
(Principal office address MUST BE A STREET ADDRESS)	CORAL BABIES, PL	
	USA 33134	
	1221 D D D	
Enter new mailing address, if applicable:	1804 tonce de MEON Blud	
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL	
	USA 33134	
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: 1804	Ponce De deon Blud	
	(Enter Florida street address)	
Coeal	(City) (Zip Code)	
<del></del>	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Name** Address Add 🗂 Remove ☐ Add Remove 🗖 Add Remove ☐ Add Remove Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00