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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number: I20070000099 : (954)478-2706 : (954)934-0334 Fax Number

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

Email	Address:	

11

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **H&S DRYWALL LLC**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

Help

hbiz.org/scripts/efilcovr.exe

8/30/2012

## **COVER LETTER**

TO:	Registration S Division of C			
SUBJI	ECT:	H&S D	RYWALL LLC	20
J		<del></del>	ited Liability Company	\$ 500 B
The en	closed Articles o	of Amendment and fee(s) arc su	bmitted for filing.	12 Mg 3 PH
Please	return all corresp	condence concerning this matte	r to the following:	Ž
		ALE	EJANDRO HERNANDEZ	
			Name of Person	
			H&S DRYWALL LLC	
			Firm/Company	
			137 NW 95 LANE	
			Address	
		COF	RAL SPRINGS, FL 33071	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please of		,
	ALEJAN	DRO HERNANDEZ	at ( 954 )	868-7329
	Name	of Person		ne Telephone Number
Enclose	ed 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)
	Regist Divisi P.O. E	JING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO ARTICLES OF ORGANIZATION OF  H&S DRYWALL LLC  (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	d assigned
Location of the same of the sa	assigned
Locopoopo	l assigned
Locopoopo	- Y. Golden
Locopoopo	- タップラグ
Locopoopo	်ာ့ l assigned
Locopoopo	l assigned
Locations of the same of the s	l assigned
Torida document numberL06000093297	
This amendment is submitted to amend the following:	
ans amendment is submitted to amend the tentowing.	
. If amending name, enter the new name of the limited liability company here:	
H&S CONSTRUCTION GROUP LLC	
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or t L.L.C."	the abbreviation
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
1. A	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
i. If amending the registered agent and/or registered office address on our records, enter the name	ic of the new
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
Enter Florida street address	
778 2.0 -	
, Florida	

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM = Managing Member Address Type of Action **Title** Name ₹ ∧dd MARIA Y. SAAVEDRA **MGRM 137 NW 95TH LANE** Remove CORAL SPRINGS FL 33071 ☐ Add Remove \_ ∧dd Remove ∏ Add Remove ∏Add Remove □Add Removo 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

Page 2 of 2

Filing Fee: \$25.00