

Sep. 16, 2011, 9:53AM
Division of Corporations

INSIGHT CABLE

No. 6925 P. 1 of 1

L08000009107

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HISPANUSA INC
Account Number : T20070000099
Phone : (954) 478-2706
Fax Number : (954) 934-0334

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 16 AM 8:01

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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
USA BUSINESS CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS
SEP 19 2011
EXAMINER

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9/16/2011



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **amend the Articles of Organization of a Florida Limited Liability Company.**

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 608.411, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s. 608.4081, Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 608.409(2), Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- The fees are as follows:

\$25.00	Filing Fee
\$30.00	Certified copy (optional)
\$ 5.00	Certificate of Status (optional)

- Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

608.411 Amendments to or restatements of articles of organization.—

- (1) The articles of organization of a limited liability company are amended by filing articles of amendment thereto with the Department of State. The articles of amendment shall set forth:
 - (a) The name of the limited liability company.
 - (b) The date of filing of the articles of organization.
 - (c) The amendment to the articles of organization.
- (2) Unless otherwise provided in this chapter or in the articles of amendment, the articles of amendment shall be effective when filed with the Department of State.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USA BUSINESS CONSULTING LLC
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:

MARICEL ZALDUMBIDE

Name of Person

USA BUSINESS CONSULTING LLC

Firm/Company

1919 N. SATATE RD, 7 SUITE 204

Address

MARGATE, FL 33063

City/State and Zip Code

mrealty08@gmail.com

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

For further information concerning this matter, please call:

MARICEL ZALDUMBIDE

Name of Person

at (**954**) **793-7489**

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

Sep. 16. 2011 9:54AM

INSIGHT CABLE

No. 6925 P. 4

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

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2011 SEP 16 AM 8:01

USA BUSINESS CONSULTING LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2008 and assigned
Florida document number L08000009107.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

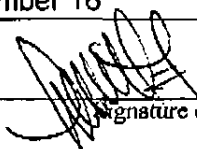
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAR ZALDUMBIDE	1919 N. STATE RD. 7 SUITE 204 MARGATE FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARICEL ZALDUMBIDE	1919 N. STATE RD. 7 SUITE 204 MARGATE FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARICEL ZALDUMBIDE	1919 N. STATE RD. 7 SUITE 204 MARGATE FL 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GLORIA CARDENAS	1919 N. STATE RD. 7 SUITE 204 MARGATE FL 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 16, 2011



Signature of a member or authorized representative of a member

MARICEL ZALDUMBIDE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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