

May. 3. 2012 3:32PM
Division of Corporations

INS. 6H/200009107

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L08000009107

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : HISPANUSA INC
Account Number : I20070000099
Phone : (954)478-2706
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TALLAHASSEE, FLORIDA

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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**

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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 NORTH STATE 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 MAY -4 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

USA BUSINESS CONSULTING 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 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:

GLORIA CARDENAS

New Registered Office Address:

1919 NORTH STATE RD 7 SUITE 204

Enter Florida street address

MARGATE

Florida

33063

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.

Gloria Cardenas
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	MARICEL ZALDUMBIDE	1919 NORTH STATE RD 7 SUITE 204 MARGATE FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GLORIA CARDENAS	1919 NORTH STATE RD 7 SUITE 204 MARGATE FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GLORIA CARDENAS	1919 NORTH 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 5TH, 2012

Signature of a member or authorized representative of a member

MARICEL ZALDUMBIDE

Typed or printed name of signer

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