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

From:
Account Name : HISPANUSA INC
Account Number : 120070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

****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
ALLIANZE REALTY GROUP, LLC**

Certificate of Status	0
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12 MAY -4 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 07 2012

EXAMINER

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIANZE REALTY GROUP, 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

ALLIANZE REALTY GROUP, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ALLIANZE REALTY GROUP, 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 07/02/2010 and assigned
Florida document number L10000070459.

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)

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
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 5 TH, 2012

Signature of a member or authorized representative of a member

MARICEL ZALDUMBIDE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA