

AUG/07/2014/THU 01:42 PM

8/5/2014

FAX No
Division of Corporations

P. 001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000185126 3)))



H140001851263ABC

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To:

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

From:

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

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

Email Address: _____

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14 AUG -7 PM 2:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVE MONKEYS LLC

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

1. Search AUG 17 2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -7 PM 4:45

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FIVE MONKEYS 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:

LUIS VILLEGAS

Name of Person

PRESIDENT

Firm/Company

22429 THOUSAND PINE LANE

Address

BOCA RATON FL 33428

City/State and Zip Code

HISPANUSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

LUIS VILLEGAS

Name of Person

at **561 843-9521**

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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FAX No.

P.002

850-617-6381

8/7/2014 8:24:29 AM PAGE

1/001

Fax Server



August 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FIVE MONKEYS LLC
11548 NW 49TH COURT
CORAL SPRINGS, FL 33076US

SUBJECT: FIVE MONKEYS LLC
REF: L11000128531

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000185126
Letter Number: 214A00016916

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

FIVE MONKEYS 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 11/10/2011 and assigned Florida document number L11000128531.

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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SECRETARY OF STATE
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:

New Registered Office Address:

Enter Florida street address

City, *Florida* *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 605, 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

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FAX No.

P. 005

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	JOSE VILLEGAS	22429 THOUSAND PINE LANE	<input checked="" type="checkbox"/> Add
-----	---------------	--------------------------	---

		BOCA RATON FL 33428	<input type="checkbox"/> Remove
--	--	---------------------	---------------------------------

SEC	JOSE VILLEGAS	22429 THOUSAND PINE LANE	<input checked="" type="checkbox"/> Add
-----	---------------	--------------------------	---

		BOCA RATON FL 33428	<input type="checkbox"/> Remove
--	--	---------------------	---------------------------------

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TALLAHASSEE, FLORIDA

☐ Add

☐ Remove

☐ Add

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☐ Remove

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

E. Effective date, if other than the date of filing: 08/05/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 05 2014

LUIS VILLEGAS

Signature of a member or authorized representative of a member

LUIS VILLEGAS

Typed or printed name of signer

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