

AUG/12/2014/TUE 03:43 PM

FAX No.

P. 001

Division of Corporations

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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 : I20070000099  
Phone : (954) 478-2706  
Fax Number : (954) 934-0334

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

Certificate of Status	0
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BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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8/12/2014

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FAX No.

P. 002

**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:

**JOSE VILLEGAS**

Name of Person

**MGR**

Firm/Company

**22429 THOUSAND PINE LANE**

Address

**BOCA RATON FL 33428**

City/State and Zip Code

**j.villegas@monkeyjoes.com**

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

For further information concerning this matter, please call:

**JOSE 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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:

JOSE VILLEGAS

New Registered Office Address:

22429 THOUSAND PINE LANE

*Enter Florida street address*

BOCA RATON

*City*

Florida 33428

*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.*

JOSE VILLEGAS

*If Changing Registered Agent, Signature of New Registered Agent*

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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>
<u>VP</u>	<u>EIRAS, SELVA</u>	<u>18201 COLLINS AVENUE</u>	<input type="checkbox"/> Add
		<u>SUNNY ISLES, FL 33160</u>	<input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>EIRAS, SELVA</u>	<u>649 ALMERIA AVE</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Remove
<u>PRES</u>	<u>VILLEGAS, LUIS</u>	<u>22429 THOUSAND PINE LANE</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33428</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>VILLEGAS, LUIS</u>	<u>22429 THOUSAND PINE LANE</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33428</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: 08/12/2014 (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 12, 2014

JOSE VILLEGAS

Signature of a member or authorized representative of a member

JOSE VILLEGAS

Typed or printed name of signer

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