## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 future annual report mailings. Enter only one email address please.\*\*

Email Address:

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

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Page Count	01
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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Con			
FIVE MON	NKEYS LLC		
	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub-	<u> </u>	
	JOSE VILLEGAS		
		Name of Person	
	MANAGER		
		Firm/Company	· <del></del>
	10301 ROYAL PALM BL	VD	
		Address	
	CORAL SPRINGS FL 330	065	
	hispanusa@hotmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
JOSE VILLEGAS		561 843-9521	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

	FIVE MONK			
(Name of the Limited Lia (A Flo	ability Company orida Limited Liab	s it now appears on our lity Company)	records.	
The Articles of Organization for this Limited Liabilit Florida document number L11000128531	ty Company we	re filed on 11/10/2011		_ and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability	company here:		
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designation	n "LLC" or the abbre	viation "L L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
	_			
X 4		•		
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	address here:	address on our r		
- · ·	· <del>-</del>		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	<del></del>	Enter Florida street	address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete per d agent as prov ered office ado ge.	formance of my duti ided for in Chapter iress, I hereby confi	es, and I am fam. 605, F.S. Or, if to rm that the limite	iliar with and his document is d liability
	If Changing	Registered Agent, Sign	ature of New Registe	red Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
VP	SCHNUER, CRAIG	11210 HERON BAY BLVD	CJ Add
		CORAL SPRINGS FL 33076	■ Remove
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effective date	if other than the date of is listed, the date must be speci-	fic and cannot be prior to date of filing or more the	optional) an 90 days after filing.) Pursuant to 605.02
<u>e:</u> If the dar	te inserted in this block does ective date on the Departmen	s not meet the applicable statutory filing requ	uirements, this date will not be listed
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ecord spe	ecifies a delaved effect	ive date, but not an effective time,	, at 12:01 a.m. on the earlier
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ed	10T X 50	2013	273 273 273
		Pl Jaco Willows	
-	Signature	e of a member or authorized representative of a in	nomber 427 12
		JOSE VILLEGAS	

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Filing Fee: \$25.00