

**L12 0000 26499**

**Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : TAXLEAF.COM INC  
Account Number : 120140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HILUSIONES LLC**

Certificate of Status	0
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 15 MAY 2015 3:51 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

MAY 20 2015

J SHIVERS

**H15000124613 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

HILUSIONES 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 02/23/2012 and assigned Florida document number L12000026499

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: The 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:

Name of Registered Office Address:

20801 BISCAYNE BLVD STE 306

Enter Florida street address

AVENTURA

City

Florida 33180

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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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>
MGRM	HILU, DAVID	2750 ne 183 st unit 608	<input type="checkbox"/> Add
		608	<input checked="" type="checkbox"/> Remove
		aventura, FL 33160	
MGRM	BRONFMAN, KARINA	2750 ne 183 st unit 60	<input type="checkbox"/> Add
		608	<input checked="" type="checkbox"/> Remove
		aventura, FL 33160	
MGR	SOBRINO, KARINA	18246 COLLINS AVE	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<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

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13. In heading any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State

I dated APRIL 17TH 2015

Signature of a member or authorized representative of a member

DAVID HILU

Typed or printed name of filer

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FILED  
15 MAY 22 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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