

L13000028445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

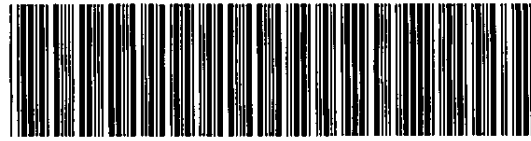
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TAMMUNASSETT, FLORIDA

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S Warren
OCT 31 2016

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HISPANIC MARKETERS 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:

WENDY SAYAGO
Name of Person

HISPANIC MARKETERS LLC
Firm/Company

549 CASCADE FALLS DR.
Address

WESTON, FL 33327
City/State and Zip Code

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

For further information concerning this matter, please call:

WENDY SAYAGO at (754) 234-8961
Name of Person 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 \$60.00 Filing Fee,
(additional copy is enclosed) 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**

HISPANIC MARKETERS 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 February 25, 2013 and assigned Florida document number 113000028445.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8180 NW 36 Street

(Principal office address MUST BE A STREET ADDRESS)

Suite 320

Doral, FL 33166

Enter new mailing address, if applicable:

8180 NW 36 Street

(Mailing address MAY BE A POST OFFICE BOX)

Suite 320

Doral, FL 33166

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

_____, **Florida**

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 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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FLORIDA

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**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-----------------------|--|
| MGRM | INDIRA NINO | 9184 PINWOOD DR. | <input type="checkbox"/> Add |
| | | COLUMBUS, GA 31909 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | ALFREDO HURTADO | 549 CASCADE FALLS DR. | <input checked="" type="checkbox"/> Add |
| | | WESTON, FL 33327 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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: OCTOBER 31, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

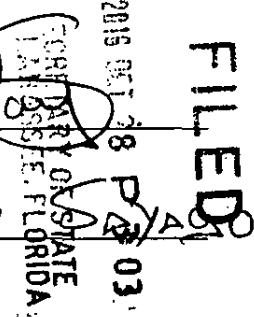
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 24, 2016.


Signature of a member or authorized representative of a member

Andria yino Wendy
Typed or printed name of signee


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA