

May 30, 2014 3:16 PM

INSTANT CABLE

Page 1/5

L13000049437

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000126946 3)))



H140001269463ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HISPANUSA INC
Account Number : 720070000099
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

SJSJ INVESTMENTS ONE, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 30 AM 8:13

FILED

RECEIVED

14 MAY 30 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUN - 2 2013

T. HAMPTON

5/30/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SJSJ INVESTMENTS ONE, 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 PINES LN

Address

BOCA RATON FL 33428

City/State and Zip Code

josevillegass@msn.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

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

SJSJ INVESTMENTS ONE, 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 04/04/2013 and assigned
Florida document number L13000049437

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:

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

FILED
2014 MAY 30 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PINES LANE | <input type="checkbox"/> Add |
| | | BOCA RATON FL 33428 | <input checked="" type="checkbox"/> Remove |
| MGR | LUIS GERARDO VILLEGAS | 22429 THOUSAND PINES LANE | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON FL 33428 | <input type="checkbox"/> Remove |
| AMBR | JOSE VILLEGAS | 22429 THOUSAND PINES LANE | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON FL 33428 | <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 |

2014 MAY 30 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
☐ Add
☒ Remove
☐ Add
☐ Remove

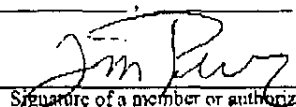
FILED

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: _____ (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 **MAY 30** **2014**



Signature of a member or authorized representative of a member

MGR

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 MAY 30 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA