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.

(((H20000404154 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099 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.

**2HO INVESTMENTS LLC** 

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	TMENTS LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	sitted for filing.	
Please return all correspor	idence concerning this matter to	the following:	
	GUDIELA TORO HERRE	RA	
		Name of Person	
	MGR		
		Firm/Company	
	110 ALLAMANDA CT		
		Address	
	ROYAL PALM BEACH. I	FL, 33411	
		City/State and Zip Code	
	INFO@HISPANUSA.COM	and most politic	eating)
	E-mail address: (t	n be used for future annual report notifi	Cutterly
For further information c	oncerning this matter, please ca	dl:	
GUDIELA TORO HER	RERA	561 \$66-0289 at ()	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

## From: RUTH CHAVERRA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2HO INVESTMENTS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	au aucustu for mi
The Articles of Organization for this Limited Liability Company Florida document number L13000073463	were filed on <u>05/20/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
GT INVESTMENTS STYLIST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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 a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nan	De of the new registered
Naw Registered Office Address:		
New Register Courts	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  inization for this Limited Liability Company were filed on 05/20/2013 and assigned mber L13000073463  ubmitted to amend the following:  ne, enter the new name of the limited liability company here:  STYLIST LLC (istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" of the above registered were gistered office address on our records, enter the name of the new registered were gistered office address on our records, enter the name of the new registered were gistered agent and ogree to act in this capacity. I further agree to comply with the anues relative to the proper and complete performance of my duties, and I am familiar with and ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is by reflect a change in the registered office address. I hereby confirm that the limited liability of the above a change in the registered office address. I hereby confirm that the limited liability of the above a change in the registered office address.	
	, Florida	
<del></del>	City	Zip Code
provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or	jamuiar wun ana , if this document is

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>	Name	Address	Type of Action
MGR	TORO HERRERA, GUDIELA	110 ALLAMANDA CT	⊕Add
		ROYAL PALM BEACH, FL, 33411	□Remove
			. ☐ Change
			□ Add
			Remove
			Change
M. 40 - 40 - 40 - 40 - 40 - 40 - 40 - 40			□Add
			□Remove
			□ Change
			□Add
		□Remove	
			©Change
		□Add	
			□Remove
			[]Change
			GAdd
			□Change

D.

in interesting any other interestination	n, enter change(s) here: (Attach additional sheets, if necessary.)	
	·	
Effective date, if other than the da fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	ate of filing:	207 (3) I as the
record specifies a delayed effective d d is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated NOVEMBER 20	. 2020	
	Oceus gree oy:	
Si	gnature of a membel or withoutersecrative of a member	
GUDIELA TORO HERRI	FRA	
TODING TONO TONI	Fyped or printed name of signee	