

L 13000081283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

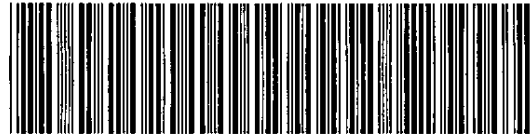
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256941983

03/14/14--01002--021 **25.00

TO AVOID DELAY
SUFFICIENCY OF FILING

2014 MAR 14 PM 12:48

STATE OF FLORIDA
DEPARTMENT OF REVENUE

STATE OF FLORIDA
DEPARTMENT OF REVENUE

14 MAR 14 PM 12:48

APPROVED
AND
FILED

[Handwritten Signature]
3/14/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hispanic Nexo, 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:

Carlos Cruz

Name of Person

Hispanic Nexo

Firm/Company

110 East Jefferson Street

Address

Tallahassee, FL 323-1

City/State and Zip Code

ccruz@hispanicnexo.com

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

For further information concerning this matter, please call:

Carlos Cruz **904 214-5724**
at ()
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 (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

TO
ARTICLES OF ORGANIZATION
OF

Hispanic Nexo, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

14 MAR 14 PM 12:48
APPROVED
FILED

The Articles of Organization for this Limited Liability Company were filed on 06/05/2013 and assigned
Florida document number L13000081283.

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)

501 Brickell Key Dr
Suite 1002
MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 E Jefferson St.
Tallahassee, FL 32301

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

Authorized Member being added or removed from our records:

MGR = Manager

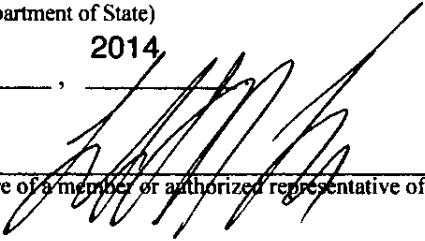
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jose G Diaz	8725 NW 18 Terrace, Suite 204	<input type="checkbox"/> Add
		Miami, FL 33172	<input checked="" type="checkbox"/> Remove
MGRM	Allan Vargas	8725 NW 18 Terrace, Suite 204	<input type="checkbox"/> Add
		Miam, FL 33172	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 March 12, 2014



Signature of a member or authorized representative of a member

Carlos M. Cruz

Typed or printed name of signee