

APR/10/2015/FRI 07:31 AM

FAX No.

P. 001

Division of Corporations

Page 1 of 2

**L19000104054**

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.**

((H15000070839 3)))



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**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 : I20070000099  
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  
DIFLEXCO USA, LLC**

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

EFFECTIVE DATE  
4/10

APR 13 2015

**S. YOUNG**

Electronic Filing Menu

Corporate Filing Menu

Help

3/20/2015

15 APR 10 AM 10:00

DEPARTMENT OF COMMUNITY  
INFORMATION SERVICES

FILED  
15 APR 10 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR/10/2015/FRI 07:32 AM

FAX No.

P. 002

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIFLEXCO USA 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:

PAULA A. LOPEZ RESTREPO

Name of Person

MANAGER

Firm/Company

2580 NW 103 AVE BLDG 192 APT 409

Address

SUNRISE FL 33322

City/State and Zip Code

hispanusa@hotmail.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RUTH CHAVERRA

at ( 954 ) 934-0194

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



APR/10/2015/FRI 07:33 AM

FAX No.

P. 004

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	PAULA A. LOPEZ R.	2580 NW 103RD AVE BLDG 192	<input checked="" type="checkbox"/> Add
		APT 409	<input type="checkbox"/> Remove
		SUNRISE FL 33322	
CEO	PAULA A. LOPEZ R.	2580 NW 103RD AVE BLDG 192	<input type="checkbox"/> Add
		APT 409	<input checked="" type="checkbox"/> Remove
		SUNRISE FL 33322	
AMBR	MARGARITA RODRIGUEZ	2580 NW 103RD AVE BLDG 192	<input checked="" type="checkbox"/> Add
		APT 409	<input type="checkbox"/> Remove
		SUNRISE FL 33322	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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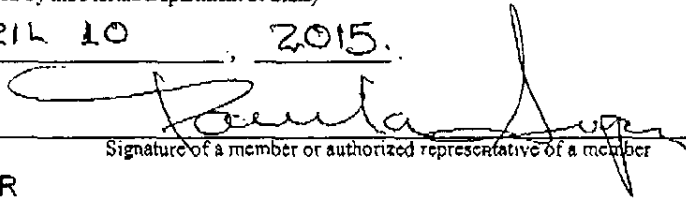
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E. Effective date, if other than the date of filing: 04/10/2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 10, 2015.



Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

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