

OCT/20/2014/MON 04:04 PM

FAX No.

P. 001

Division of Corporations

Page 1 of 2

413000107148

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.

((H14000245585 3)))



H140002455853ABC1

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 : I20070300099
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
INVERSIONES SSS, LLC**

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

OCT 21 2014

S. YOUNG

EFFECTIVE DATE

10/20

RECEIVED

14 OCT 20 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

OCT/20/2014/MON 04:04 PM

FAX No.

P. 002

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES SSS, 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:

LUIS VILLEGAS

Name of Person

MGR

Firm/Company

10301 ROYAL PALM BLVD, SUITE B

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

hispanusa@hotmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 AM 11:16

FILED

For further information concerning this matter, please call:

LUIS VILLEGAS

at (561)

843-9521

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

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

INVERSIONES SSS, 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 07/29/2013 and assigned
Florida document number L13000107148

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)

10301 ROYAL PALM BLVD SUITE B

CORAL SPRINGS FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10301 ROYAL PALM BLVD SUITE B

CORAL SPRINGS FL 33065

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:

JOSE VILLEGAS

New Registered Office Address:

22429 THOUSAND PINE LANE

Enter Florida street address

BOCA RATON

Florida 33428

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.

P/ Jose Villegas

If Changing Registered Agent, Signature of New Registered Agent

FILED
OCT 20 AM 11:16
STATE
OF 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 PINE LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33428	<input type="checkbox"/> Remove
MGR	LUIS VILLEGAS	18851 NE 29 AVE SUITE 104A	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
MGR	LUIS VILLEGAS	22429 THOUSAND PINE 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

FILED
14 OCT 20 AM 11:16
SECRET
STATE
TALLAHASSEE, FLORIDA

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: 10/20/2014 (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 OCTOBER 20, 2014

P/ Jose Villegas

Signature of a member or authorized representative of a member

NCB

Typed or printed name of signee

FILED
14 OCT 20 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA