10/31/2019



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Fax Number : (850)617-6383

From:

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## COVER LETTER

то:	Registration S Division of Co			
C		CONSTRUCTION LLC		
SUBJE	:CT:		ited Liability Company	
		Amendment and fee(s) are sub	•	
		TATIANA HOYOS		
		MGR	Name of Person	
			Firm/Company	
		3809 DEVENPORT COU		
			Address	
		LAKEWORTH, FL 33463		
		INFO@HISPANUSA.COM	City/State and Zip Code	
For furt	her information o	E-mail address: (concerning this matter, please or	to be used for future annual report no	tification)
	NA HOYOS	•		
	Name o	of Person	at () Area Code Dayti	ne Telephone Number
Enclose	d is a check for t	he following amount:		
<b>≅ \$</b> 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)
	Regist. Divisio P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327	STREET/COUR Registration Sect Division of Corp Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## 

2018 OCT 31 P 4 07

UNITED CONSTRUCTION LLC	2010 001	*
(Name of the Limited Lia (A Fig.	ability Company as it now appears on our orida Limited Liability Company) ATTA:	r records.)
The Articles of Organization for this Limited Liabilit Florida document number L14000063566	ry Company were filed on 04/18/20	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address on our	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my du d agent as provided for in Chapte tered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document
	If Changing Registered Agent, Sig	enature of New Registered Agent

If amending Anthorized 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>	<u>Name</u>	Address	Type of Action
AMBR	SERGIO HOYOS		
		3809 DEVENPORT COURT LAKEWORTH, FL 33463	⊟ Remove
			Change
	<del></del>		
		*	Remove
			Change
	•		
			□ Remove
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	<u>.</u>		C] A.dd
			□ Remove
			☐ Change

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	t
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	(optional)  r to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3) eable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but no b) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated Oct. 31 2019	
Signature 01 o member or auth	orized representative of a member
TATIANA HOYOS	

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