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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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAYLESS CONSTRUCTION LLC

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COVER LETTER

TO: Registration Sec Division of Corp			:				
PAYLESS (CONSTRUCTION LLC						
SURJECT:	Name of Limit	ted Liability Company					
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.					
	adence concerning this matter t						
	STEFFAN X MOLINA						
		Name of Person	20 S				
	PAYLESS CONSTRUCTI	ON LLC	75 27 E				
	EB EB						
	223 GOOLSHY BLVD		2021 FEB 17 PM 4: 45 SECRETAN OF STATE STALLTAN SEEE, FL				
	Address						
	DEERFIELD BEACH FL	33442	E, F. 1.				
		City/State and Zip Code					
	OFFICE@PAYLESSCOM						
	E-mail address: (to be used for future annual report notific	cation)				
For further information of	concerning this matter, please ca	all:					
KEVIN W. BROWN ES	SQ.	305 401-0892					
Name o	f Person	Area Code Dayting:	Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre Registration Division of C		Street Address: Registration Sec Division of Corp	porations				
P.O. Box 63'	2 7	The Centre of T	allahassee				

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CALLED TO THE RESIDENCE OF THE PROPERTY OF THE

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAYLESS CONSTRUCTION LLC					
(Name of the Limite	Liability Company Florida Limited Li	y as il now spocars on shirty Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number L14000063566	bility Company v	were filed on 4/18/20	14	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liabil	lity company here:		207 St	
The new name must be distinguishable and contain the wo	eds "Limited Lisbilit	ty.Company," the design	ustion "CLC" or the ab	briviator "LLT"	n
Enter new mailing address, if applicable:		223 GOOLSBY BL		OF STATE	
The Articles of Organization for this Limited Liability Comparison document number L14000063566 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li The new name must be distinguishable and contain the words "Limited Li 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 address bere: Name of New Registered Agent: LUIS COR	<u>80X)</u>	DEEXTIELD BEAT	CU CF 23445		
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office a a here:	ddress on our reco	rds, cuter the non	e of the new registerer	d d
Name of New Registered Agent:	LUIS CORDOV	/A			
New Registered Office Address:	223 GOOLSBY		street aidress		
	DEFRFIELD B		Florida 3	3442	
	Color Had	Cly	, Fiorida	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

19548277702

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MMBR	ΤΑΠΑΝΑ ΗΟΥΟЅ	3809 DEVENPORT CT	□Add
		LAKE WORTH FL 33463	□Change □Change □Remove □Change □Remove □Change □Change □Change
			□Change
MGR	STEFFAN MOLINA	223 GOOLSBY BLVD	🖼 Add
		DEERFIELD BEACH FL 33442	
			:::D 3
MGR	LUIS CORDOVA	223 GOOLSBY BLVD	ETA EB .
		DEERFIELD BEACH FL 33442	
			DChange 55
			□Add
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Effective date, if other than the (If an effective date is listed, the date must	be specific at	nd cannot b	prior to da	te of filing o	more than 90	(option days after fil	ing.) Pur s nai	nt to 605,6	0207 (3)
Note: If the date inserted in this ble document's effective date on the De	ick does not	meet the	applicable	statutory fi	ling requiren	ents, this d	ate will not	l be liste	d as the
the record specifies a delayed effective cord is filed.	date, but no	ni an effec	tive time,	at 12:01 au	n, on the ear	lier of: (b)	The 90th o	lay after	the
Dated FEBRUARY 15		2021							
Direct		<u> 1</u> T							
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