

AUG/25/2015/TUE 10:36 AM

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC  
Account Number : I200700000099  
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

GIZMO KIDZ INTERNATIONAL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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AUG 26 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GIZMO KIDS INTERNATIONAL 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:

MOSHE D. MORENO

\_\_\_\_\_  
Name of Person

MANAGER

\_\_\_\_\_  
Firm/Company

8251 NW 9TH ST

\_\_\_\_\_  
Address

PLANTATION FL 33324

\_\_\_\_\_  
City/State and Zip Code

HISPANUSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

MOSHE MORENO

954 380-1575  
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIZMO KIDZ INTERNATIONAL 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 08/26/2014 and assigned  
Florida document number L14000133923

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 contain 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)

8251 NW 9TH ST

PLANTATION FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8251 NW 9TH ST

PLANTATION FL 33324

**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:

MOSHE D. MORENO

New Registered Office Address:

8251 NW 9TH ST

Enter Florida street address

PLANTATION

Florida

33324

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

If amending Authorized 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>        | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|--------------------|-------------------------|--|
| MGR          | BERKOWITZ, LILIANA | 19401 NE DIPLOMAT DRIVE | <input type="checkbox"/> Add               |
|              |                    | PLANTATION FL 33324     | <input checked="" type="checkbox"/> Remove |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |

**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: 08/18/2015 (optional) -  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated AUGUST 18 .

2015

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee