

9/5/2017

Division of Corporations

L14000181907

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 : I20070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LCLS GROUP LLC**

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

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2017 SEP - 5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 SEP - 5 AM 8:27
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

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oct - 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCLS GROUP 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:

LUCIANO SMITH

Name of Person

MANAGER

Firm/Company

1010 GOLDEN CANE DRIVE

Address

WESTON FL 33327

City/State and Zip Code

INFO@HISPANUSA.COM

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

For further information concerning this matter, please call:

LUCIANO SMITH

954

548-9078

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**

LCLS GROUP 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 11/24/2014 and assigned
Florida document number L14000181907

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)

4961 COCONUT CREEK PKWY

COCONUT CREEK FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4961 COCONUT CREEK PKWY

COCONUT CREEK FL 33063

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:

New Registered Office Address:

1010 GOLDEN CANE DRIVE

Enter Florida street address

WESTON

City

Florida 33327

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

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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>
AMBR	LUCIANO SMITH	1010 GOLDEN CANE DRIVE	<input type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIA CAEIRO 45%	1010 GOLDEN CANE DRIVE	<input type="checkbox"/> Add
		WESTON FL 33327	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORRECTIONS

FILED

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

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DIVISION OF CONCORDANCE

E. Effective date, if other than the date of filing: 09/05/2017 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated September 05 2017

Francis Smith

Signature of a member or authorized representative of a member

LUCIANO SMITH

Typed or printed name of signee