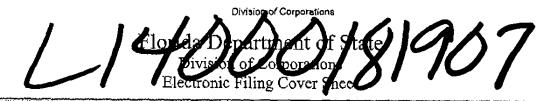
9/5/2017



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.

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Division of Corporations

Fax Number

Account Name

; (850)617-6383

From:

: HISPANUSA INC

Account Number : I20070000099 Phone

Fax Number

: (954)478-2706 : (954)934-0334

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

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

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## **COVER LETTER**

TO:	Regist: Divisio	ration Secti n of Corpo	ion rations				÷
eyra yy		LS GROU	PLLC				
SUBJI	EC1:		Name of Lin	nited Liability Con	рапу	,	
The en	closed Ar	ticles of Ar	nendment and fee(s) are sub	mitted for filing	•		
Please	return all	correspond	ence concerning this matter	to the following	:	.;	
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For fur	ther infor	mation con	e-man andress: ( cerning this matter, please c		re au	nuzi report nontic	sations
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Enclose	ed is a che	ck for the i	following amount:				
<b>₽ \$</b> 25	5,00 Filin	g Fec	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Fil Certified (additional	Copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registration of P.O. Box	G ADDRESS: on Section of Corporations 5327 te, FL 32314		Regis Divis Clifto 2661	EET/COURIE stration Section tion of Corporate on Building Executive Cent hassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LCLS GROUP		
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appear liability Company)	on our records.)
The Articles of Organization for this Limited Liz			3, C 7)
Florida document number 114000181907	• •		
This amendment is submitted to amend the follo	wing:		11/24/2014 and assisted
A. If amending name, enter the new name of	<u>the limited liabi</u>	<u>lity company he</u>	<u>re</u> :
			G.
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle:		
(Principal office address MUST BE A STREET		4961 COCONUT	CREEK PKWY
Transpir Office maness from the fibrite	ADDRESS/	COCNUT CREE	K FL 33063
<b></b>			
Enter new mailing address, if applicable:		4061 00000000000000000000000000000000000	CREEK PKWY
(Mailing address MAY BE A POST OFFICE B	OX)		
		COCONUT CRE	EK FL 33063
B. If amending the registered agent and/o	***		our records, enter the name of the new
registered agent and/or the new registered off	ice audress nere		
Name of New Registered Agent:			
New Registered Office Address:	1010 GOLDEN	CANE DRIVE	
		Enter Floria	la street address
	WESTON		, Florida 33327
	~	Cip	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 fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LUCIANO SMITH	1010 GOLDEN CANE DRIVE	
		WESTON FL 33327	🗖 Remove
		28	☐ Change
AMBR	LUCIA CAEIRO 45%	1010 GOLDEN CANE DRIVE	Add
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