

# L15000085342

MAY/19/2015/TUE 09:47 AM

FAX No.

P. 001

5/18/2015

Division of Corporations

Florida Department of State  
Division of Corporations  
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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 future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
249 HENTHORNE DRIVE LLC

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15 MAY 19 AM 5:48

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 249 HENTHORNE DRIVE 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:

JOAN P NORTH

Name of Person

MGR

Firm/Company

381 LANIER DRIVE

Address

PALM SPRINGS FL 33461

City/State and Zip Code

globoten@yahoo.com

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

For further information concerning this matter, please call:

JOAN P NORTH

at ( 561 ) 628-7949

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 &  
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(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**

249 HENTHORNE DRIVE 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 05/14/2015 and assigned  
Florida document number L15000085342.

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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NORTH, JOAN P

New Registered Office Address:

381 LANIER DRIVE

Enter Florida street address

PALM SPRINGS

Florida 33461

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.*

P. JOAN P. NORTH

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	NORTH, JOAN T	381 LANIER DRIVE	<input type="checkbox"/> Add
		PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NORTH, JOAN P	381 LANIER DRIVE	<input checked="" type="checkbox"/> Add
		PALM SPRINGS FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated MAY 18 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

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