

L1500122585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800315146178

07/05/15--01020--019 **25.00

520 V 5-10-12

05715

7/12/1825

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hispanicize Media 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:

Lexi Terrero
Name of Person
Hispanicize Media Group LLC
Firm Company
2332 Galiano Street, 2nd Floor
Address
Coral Gables, FL 33134
City State and Zip Code
finance@hmgmedia.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lexi Terrero 305 989-7550
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Hispanicize Media 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 07/17/2015 and assigned
Florida document number 115000122585.

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:

New Registered Office Address:

Enter Florida street address

Florida

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	RUIZ, MANUEL M	6425 SW 52ND STREET	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUSTIATA-RUIZ, ANGELA	6425 SW 52ND STREET	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARIBALDI-JOLLY, MARIA PI	1296 ANNAPOLIS WAY	<input type="checkbox"/> Add
		GRAYSON, GA 30017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAVIJO-KISH, CHRISTINE	9825 NE 4TH AVENUE ROAD	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUNGARYCUBANS LLC	26109 MCBEAN PARKWAY	<input type="checkbox"/> Add
		VALENCIA, CA 91355	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUNGARYCUBANS LLC	7709 MAPLE STREET, #A	<input type="checkbox"/> Add
		NEW ORLEANS, LA 70118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

LEXI TERRERO

303 EAST 83RD STREET, APT. 26A

NEW YORK, NY 10028

PLEASE CHANGE LEXI TERRO'S ADDRESS TO: 7 SUNSET DRIVE THORNWOOD, NY 10594

***THE REASON FOR THE CHANGES ABOVE IS THAT WE HAD LISTED ALL OF THE MEMBERS.

RATHER THAN JUST THE MANAGERS ***

E. Effective date, if other than the date of filing: 06/28/2018 (optional)

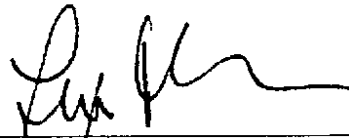
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 28 2018



Signature of a member or authorized representative of a member

LEXI TERRERO

Typed or printed name of signee