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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099

Phone

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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 VANESSA LACONO LLC

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Registration Section

TO:

COVER LETTER

Division of Co	orporations			
VANESS SUBJECT:	A LACONO LLC			
	Name of Li	mited Liability Company		
			,	
The enclosed Articles o	f Amendment and fee(s) are su	ibmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
	DANIEL GARCIA LA B	BARCA		
		Name of Person		
	VANESSA LACONO LI	LC		
		Firm/Company		
	2442 CENTERGATE DR	R APT 202	ZUB FALL FALL	3835
		Address	三	
	Mîramar FL 33025		ASSE ASSE	1
		City/State and Zip Code	C (/)	U g==
	E-mail address:	(to be used for future annual report notif		Ş Ş
For further information	concerning this matter, please o	call:	٠ حرر	C
DANIEL GARCIA LA	BARCA	954 934-0194		
Name (of Person		Telephone Number	•
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is en	atus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURLER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANESSA LACONO LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords,)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000170046</u>	ny were filed on 10/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	•
VANESSA IACONO LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		T 22 P IZ: 0° ASSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, 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>	Name	Address	Type of Action
AMBR	VANESSA C. CONCETTA LACONO	2442 CENTERGATE DR APT 202	□ Ad d
		MIRAMAR FL 33025	_ ■ Remove
			Change
AMBR	VANESSA C. CONCETTA IACONO	2442 CENTERGATE DR APT 202	■ Add
		MIRAMAR FL 33025	Remove
			Change
			□ Add
		RETARY OF AHASSEE, F	Remove
			Remove
			Change
			□ Add
			Remove
			Change
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			Remove
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record specifies a delayed The 90th day after the reco		in effective time, at 1	.2:01 a	.m. on	the earlier o
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	MANAGER Typed or printed n				

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