

DEC/02/2015/WED 11:43 AM  
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Division of Corporations

P. 001

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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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  
CORA SMART INVESTMENTS LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 03 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORA SMART INVESTMENTS 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:

ANTHONY NANCO

Name of Person

CORA SMART INVESTMENTS LLC

Firm/Company

101 NE 3RD AVE STE 1500

Address

FT LAUDERDALE, FL 33301

City/State and Zip Code

anthynanco@gmail.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH CHAVERRA

954

9340194

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

CORA SMART INVESTMENTS 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 10/23/2015 and assigned  
Florida document number L15000180357.

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:

101 NE 3RD AVE. STE 1500

(Principal office address **MUST BE A STREET ADDRESS**)

FT LAUDERDALE, FL 33301

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:

101 NE 3RD AVE. STE 1500

Enter Florida street address

FT LAUDERDALE

City

Florida

33301

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>
VMGR	ANTHONY NANCO	CALLE BUENA VISTA CONJUNTO BUCARERU	<input type="checkbox"/> Add
		GTAMARY COLINAS LA CALIFORNIA	<input type="checkbox"/> Remove
		CARACAS VZ 1070	<input checked="" type="checkbox"/> Change
MGR	VERONICA NANCO	CALLE BUENA VISTA CONJUNTO BUCARERU	<input type="checkbox"/> Add
		GTAMARY CONNAS LA CALIFORNIA	<input type="checkbox"/> Remove
		CARACAS VZ 1070	<input checked="" 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE  
WASHINGTON, D.C. 20520  
15 DEC - 2 AM 9:32  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/23/2015 (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 NOVEMBER 15 2015

x Anthony Nanco  
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

ANTHONY NANCO

Typed or printed name of signer