

LLC 0000 83667

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
DESIGN HEAPS LLC**

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGN HEAPS 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:

ALEJANDRO RODRIGUEZ FERNANDEZ

Name of Person

MGR

Firm/Company

8730 SW 133 AVE RD APT 401 BLDG 10

Address

MIAMI FL 33183

City/State and Zip Code

HISPANUSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO RODRIGUEZ FERNANDEZ

954 478-2706
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**

DESIGN HEAPS 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 04/28/2016 and assigned Florida document number L16000083663.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1919 NORTH STATE RD 7 SUITE 201C

MARGATE FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1919 NORTH STATE RD 7 SUITE 201C

MARGATE FL 33063

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:

ALEJANDRO RODRIGUEZ FERNANDEZ

New Registered Office Address:

1919 NORTH STATE RD 7 SUITE 201C

Enter Florida street address

MARGATE

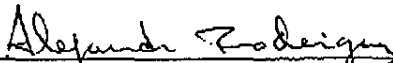
City

Florida 33063

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	ALEJANDRO RODRIGUEZ FERNANDEZ	1919 NORTH STATE RD 7	<input type="checkbox"/> Add
		SUITE 201C	<input type="checkbox"/> Remove
		MARGATE FL 33063	<input checked="" type="checkbox"/> Change
AMBR	RAFAEL SERRANO	1919 NORTH STATE RD 7	<input type="checkbox"/> Add
		SUITE 201C	<input type="checkbox"/> Remove
		MARGATE FL 33063	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 JUN -9 AM 8:59
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Filing Fee: \$25.00