

7/27/25, 7:25 PM

Division of Corporations

L16000153462

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the filing number (shown below) on the top of both sides of all pages of the document.

((H25000262357 3)))



H2500026235734604

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EQUIPTRADE AMERICA INC  
Account Number : 128230000006  
Phone : (954)625-5117  
Fax Number : (954)368-2368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: *acfinancialservices@gmail.com*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRUPO KEMPA USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2025 AUG -7 PM 12:02

11:11

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

AUG - 8 2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRUPO KEMPA USA, 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:

Rosalba Carrasquel

Name of Person

HC FINANCIAL SERVICES, INC

Firm/Company

4700 Hiatus Rd, suite 155

Address

Sunrise, Florida, 33351

City/State and Zip Code

hcfinancialservicesfl@gmail.com

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

For further information concerning this matter, please call:

Rosalba Carrasquel

Name of Person

at ( 954 )

Area Code

6255177

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**GRUPO KEMPA USA, 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 Florida Limited Liability Company and assigned Florida document number L16000153462.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**FRUSSH, LLC**

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:

2965 GRANDEVILLE CIR APT 205, OVIEDO,  
FL, 32765

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2965 GRANDEVILLE CIR APT 205, OVIEDO,  
FL, 32765

(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:

Giorgina Isabel Granadillo Daniz

New Registered Office Address:

2965 Grandeville Cir Apt 205

*Enter Florida street address*

Oviedo

*City*

Florida

32765

*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.*

Giorgina Granadillo Daniz

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	Gonzalez Gonzalez, Silver Leonel	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		2965 GRANDEVILLE CIR APT 205 OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change
MGR	Granadillo Daniz, Giorgina Isabel	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		2965 GRANDEVILLE CIR APT 205 OVIEDO, FL 32765	<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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

---

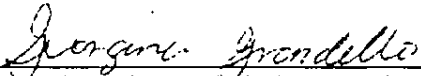
[illegible]

E. Effective date, if other than the date of filing: 07/20/2025  
(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

  
Signature of a member or authorized representative of a member

Gergina Grondello  
Typed or printed name of signee

Filing Fee: \$25.00