

10/16/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
EMCRAFTS LLC

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OCT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMCRAFTS 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:

**FERNANDO MEDINA SANCHEZ**

\_\_\_\_\_  
Name of Person

**MG**

\_\_\_\_\_  
Firm/Company

**C/O 8050 N UNIVERSITY DR SUITE 206**

\_\_\_\_\_  
Address

**TAMARAC, FL 33321**

\_\_\_\_\_  
City/State and Zip Code

**INFO@HISPANUSA.COM**

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

For further information concerning this matter, please call:

**FERNANDO MEDINA SANCHEZ**

\_\_\_\_\_  
at ( 954 ) 934-0194

\_\_\_\_\_  
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**

FILED

2019 OCT 16 P

EMCRAFTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/06/2016 and assigned  
Florida document number L16000185782.

This amendment is submitted to amend the following:

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

AVANCES PARA LA ESTETICA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

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 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 A</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remo
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		_____	<input type="checkbox"/> Chang
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remov
		_____	<input type="checkbox"/> Chang

[illegible]**Filing Fee: \$25.00**