12/6/2017



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

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Doing so will generate another cover sheet.

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To:	Division of Corporations			70
	Fax Number : (850)617-6383		777 ·	93
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From:			`	9
	Account Name : HISPANUSA INC	,, ,	_	AH
	Account Number : I20070000099 Phone : (954)478-2706	-11		
	Fax Number : (954)934-0334	•	<u>=</u> -	æ
	(334)354 0354		==	an S
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Electronic Filing Menu

Corporate Filing Menu

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COVER LET. ER

	Registration . Division of C			
CUD IR		DEO INVESTMENTS LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles o	 of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		CARLOS A	RTURO ECHEVERNI VILLANUE	VA
			Name of Person	
			MBR	
			Firm/Company	
		5300 N	W 85TH AVE UNIT 1805	
			Address	
			DORAL FL 33314	
			City/State and Zip Code	
		E-mail address:	to be used for fittire animal report notifi-	cation)
For furthe	er information	concerning this matter, please c	all:	
CARLOS	S ARTURO E	CHEVERRI VILLANUEVA	()	E, na
	Name	of Person	at ()Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:	8 - AF	
曽 \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy D (additional copy is explosed)
	Rogis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURTE Regist ution Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VESTMENTS LLC	i.)		
Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	_		
The Articles of Organization for this Limited Liability Company Florida document number L17000036169	were filed on 02/14/2017		and a	ssigned
This amendment is submitted to amend the following:	\$			
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the ab	breviation "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				**
Enter new mailing address, if applicable:	%HISPANUSA INC			
(Mailing uddress MAY BE A POST OFFICE BOX)	1919 M. STATE RD 7 STE 201			
	MARGATE FL 33063			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter	the name	of the
Name of New Registered Agent:			_== <u>=</u> ==	:1
New Registered Office Address:		- 5	<u> </u>	
	Enter Florida street address	03.5 m - 1	ٿ	
	City	· 	Zip Code	7
New Registered Agent's Signature, if changing Registered Agent:		宝.	۾.	_
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and provided for in Chapter 605, F	l I am fi .S. Or,	amiliar wi if this doc	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.



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>	Address	Type of Action
AMBR	BELTRAN MEJIA, EDNA RUTH	5300 NW 85TH AVE UNIT 1805	
		DORAL FL 33166	D Remove
AMBR	ECHEVERRI VILLANUEVA,	5300 NW 85TH AVE UNIT 1805	🗆 Add
		DORAL FL 3 3166	CI Remove
			■ Change
MGR	CHAVERRA, RUTH	1919 N STATE RD 7 STE 201	
		MARGATE I''. 33063	Remove
			Change
			Add
			☐ Remove
			☐ Change
		TELLA) AS	Add Remove
		(2) [**]	Change
			Add Add
			Change

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Page 3 of 3 -