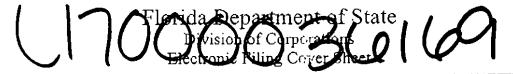
5/21/2018

Division of Corporations



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To:	·	
	Division of Corporations	
	Fax Number : (850)617-6383 '	<u> </u>
From:		(2) L9
	Account Name : HISPANUSA INC	enda Enda one
	Account Number : I20070000099	
	Phone : (954)478-2706 TV	
	Fax Number : (954)934-0334	유. · · · · · · · · · · · · · · · · · · ·
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RETAIL FOR SERVICE AND SERVICE

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Corporate Filing Menu



COVER LETTER

	Registration Se Division of Cor			-	
SUBJEC		INVESTMENTS LLC	••••		
SUBJEC		Name of Lin	nited Liability Compa	any	
					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	nun all correspo	ndence concerning this matter	to the following:		
			RUTH CHAVE	ERITÀ	
		<u></u>	Name of Per	5 ОЛ	
			MGR		
			Firm/Compa	iny	
		•	5300 PASEO BLV	D UNIT 2005	
			Address		
			DORAL FL 3	3166	
			City/State and Zi	p Code	
		E-mail address:	(to be used for February	anso it report netif	ication)
For firth	er information c	oncerning this matter, please o	eall:		
RUTH C	HAVERRA		954	-478-2706	
_	Name o	f Person	at (Area Co	de Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:			
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Stams	S55,00 Filir Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Registr Divisio P.O. B	ING ADDRESS: arion Section on of Corporations ox 6327	R D C	TREET/COURD egistration Section ivision of Corpora lifton Building 661 Executive Cer	n ations
	Tallaha	essee, FL 32314		allahassee, FL 323	

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P. 003

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

STENTS LLC		
pany as it now appears on our i d Liability Company)	records.)	
orida document number L17000036169		
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bility Company," the designation	"LLC" or the abbreviation "L.L.C."	
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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 Resistered Agent, Signature of New Registered Agent

<u>;</u>

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	ECHEVERRI, EVILLANUEVA	-530001W 85°FH AVEUNIT 1805	
		DORAL FL 33166	⊟ Remove
			Change
AMBR	ECHEVERRI VILLANUEVA, CARLOS	5300 NW 85TH AVE UNIT 1805	■ Add
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Filing Fee: \$25.00

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