

OCT/03/2019/THU 09:34 AM

10/3/2019

FAX No.

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000065367

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

From:
Account Name : HISPANUSA INC
Account Number : 120070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

2019 OCT -3 PM 4:18

****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
FINECA INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 OCT -3 PM 12:09

Electronic Filing Menu

Corporate Filing Menu

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OCT 04 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FINECA INVESTMENTS 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:

MARYCELA CARDONA

Name of Person

AMBR

Firm/Company

4195 NAPOLI LAKE DR.

Address

PALM BEACH GARDEN, FL 33410

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:

MARYCELA CARDONA

at (561)
Area Code

631-4305

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINECA INVESTMENTS 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 03/22/2017 and assigned
Florida document number L17000065367.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

4195 NAPOLI LAKE DR.

PALM BEACH GARDEN, FL 33410

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4195 NAPOLI LAKE DR.

PALM BEACH GARDEN, FL 33410

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:

MARYCELA CARDONA

New Registered Office Address:

4195 NAPOLI LAKE DR.

Enter Florida street address

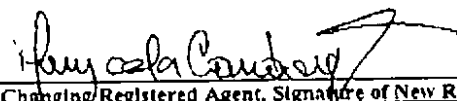
PALM BEACH GARDEN, Florida 33410

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 Action</u>
AMBR	MARYCELA CARDONA	4195 NAPOLI LAKE DR. PALM BEACH GARDEN FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA TOBON		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4195 NAPOLI LAKE DR. PALM BEACH GARDEN FL 33410	<input checked="" type="checkbox"/> Change
AMBR	LAZARO DE JESUS TOBON	4195 NAPOLI LAKE DR. PALM BEACH GARDEN FL 33410	<input checked="" 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
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (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 October 3, 2019.

Maycob Conlang
Signature of a member or authorized representative of a member

MARYCELA CARDONA

Typed or printed name of signee