

L17000160469

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 : 120070800099
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
SIERRATO, LLC

Certificate of Status	0
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2019 OCT -3 PM12:00

2019 OCT -3 PM12:35
STATE OF FLORIDA
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIERRATO 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:

ALEJANDRO SIERRA

Name of Person

MGR

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:

ALEJANDRO SIERRA

561

720- 3392

at ()

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**

2019 OCT -3 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FL

SIERRATO 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 07/27/2017 and assigned
Florida document number L17000160469.

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:

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
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.)*

2018 OCT -3 PM12:35
SPT CT STATE
FALLING WATER, FL

F. Effective date, if other than the date of filing: _____ (optional)

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), filing an effective date after the date of filing will not be listed as the effective date.

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.

(b) The 90th day after the record is filed.

Dated October 3, 2019.

ALEJANDRO SIERRA

Typed or printed name of signer