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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	:
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#### **COVER LETTER**

MADE IN SUBJECT:	SPANISH USA LLC		·
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	LUZ L MORENO		
		Name of Person	
	MORE ACCOUNTING P	LUS TAX SERVICES INC	
		Firm/Company	
	9858 CLINT MOORE RD STE C111-170		
		Address	
	BOCA RATON FL 33496		
		City/State and Zip Code	
	<del>-</del>	ACCOUNTINGPLUS.COM	
	E-mail address: (	to be used for future annual report notif	ication)
or further information of	oncerning this matter, please c	all:	
UZ L MORENO		954 659-1155 at ( )	
Name o	f Person		Telephone Number
inclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## FILED

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### 2022 JUN 27 PM 2: 24

SECRETARY OF STATALLAHASSEELFE

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L	hiability Company were filed on 08/08/2019 and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	registered office address on our records, enter the name of the new regises here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

A A DE DI CRANIGHTIO A LI C

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 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>	Type of Action
MGR	ANTONIO M CROISSIER	10107 NW 52ND TERRACE	
		DORAL FL 33178	🗀 Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			[]Add
			Remove
			☐ Change
			□Add
		□Remove	
		Change	
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			□Remove
			[]Change

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Filing Fee: \$25.00