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.

(((H20000276206 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

7> တဲ့

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES FYB, LLC

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

Y SULKER

AUG 1 3 2020

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Se Division of Cor		•	
cim ie	ν τ υ.	NES FYB, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		FEDERICO BUNADER		
			Name of Person	
		MGR		
			Firm/Company	
		201 S. BISCAYNE BLVD	o., STE 905	
			Address	
		MIAMI FL 33131		
			City/State and Zip Code	
		INFO@HISPANUSA.COM		_
			to be used for future annual report no	titication)
For furth	er information c	oncerning this matter, please c	ali:	
FEDER	ICO BUNADER		954 980-1233 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
≣ \$ 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration States Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES FYB, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on09/18/2019	and assigned	
Florida document number L19000236080			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
		⊕_	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the obbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2611 N HIATUS ROAD	020	
Principal office address MUST BE A STREET ADDRESS)	COOPER CITY, FL 33026	5	
		12	
		> 7	
Enter new mailing address, if applicable:	2611 N HIATUS ROAD	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	COOPER CITY, FL 33026		
	·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u> e	e name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	·		
	, Flori	QRZip 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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			Change
			Remove
			□Change
			DAdd
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			Remové
			□ Chauca

lf amending any other informati	m, enter change(s) here. (A	nach dadatonan sheets, j	i necessary.y
			
			 _
			
		<u>.</u>	
			
			
<u></u>			
			
Effective date, if other than the of two effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	se specific and earnot be prior to date it does not meet the applicable s	of filing or more than 90 day	(optional) is after filing.) Pursuant to 605.0207 ts, this date will not be listed as
record specifies a delayed effective d is filed.	date, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated AUGUST 07	2020		
 -	Federica Busingnature of a member or authorized	representative of a member	
	• • • • • • • • • • • • • • • • • • • •		
FEDERICO BUNADER	Typed or printed nar		

Filing Fee: \$25.00