2/19/2020

Division of Corporations



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To:		• ;
	Division of Corporations	•
	Fax Number : (850)617-6383	
From:		
	Account Name : HISPANUSA INC	
	Account Number : I20070000099	
	Phone : (954)478-2706	
	Fax Number : (954)934-0334	

annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **LOЛ21 LLC**

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## COVER LETTER

_	ОЛ21 LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:  EMERICH J IDMENEZ  Name of Person  MGR  Firm/Company  9251 CATTAIL RUN  Address  PARKLAND FL 33076  City/State and Zip Code  INFO@HISPANUS.A.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  MENEZ  Name of Person  Area Code  1 S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Image Address:  Street Address:  Registration Section  Sign address:  Registration Section  Division of Corporations  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	
	EMERICH J JIMENEZ	
	Interest of Amendment and fee(s) are submitted for filing.  Interespondence concerning this matter to the following:    EMERICH J JIMENEZ	
	MGR	
	Firm/Company	
	9251 CATTAIL RUN	
	Address	
	Division of Corporations  LOJI21 LLC  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filling.  lease yeturn all correspondence concerning this matter to the following:  EMERICH J IIMENEZ  Name of Person  MGR  Firm/Company  9251 CATTAIL RUN  Address  PARKLAND FL 33076  City/State and Zip Code  INFO@HISPANUSA.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  EMERICH JIMENEZ  Name of Person  Area Code  Daytime Telephone Number  inclosed is a check for the following amount:  S255.00 Filing Fee Cartificate of Status  Certificate of Status & Certified Copy (solitonal copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  2415 N. Montroe Street, Suite 810	
	·	(s) are submitted Liability Company  (s) are submitted for filing.  his matter to the following:  AENEZ  Name of Person  Firm/Company  RUN  Address  L 33076  City/State and Zip Code  USA.COM  II address: (to be used for future annual report notification)  r, please call:  at (
	Division of Corporations    LOJI21 LLC	
For further info	rmation concerning this matter, please call:	Name of Limited Liability Company  and fee(s) are submitted for filling.  terning this matter to the following:  CH J JIMENEZ  Name of Person  Firm/Company  ATTAIL RUN  Address  AND FL 33076  City/State and Zip Code  HISPANUSA.COM  E-mail address: (to be used for future annual report notification) nis matter, please call:  786  Area Code  Daytime Telephone Number  r amount:  0 Filing Fee & Se0.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Montroe Street, Suite 810
EMERICH JIN	127.23	Section)  \$60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)  ction porations Callahassee e Street, Suite 810
	Name of Corporations  LOJI21 LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.    Manuell Ferson	
Enclosed is a cl	heck for the following amount:	
<b>≡ \$2</b> 5.00 Fili	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &
Regi: Divis P.O.	stration Section Sion of Corporations Box 6327 Chassee, FL 32314  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our record	
	ionity Company)	<u>(5.</u> )
The Articles of Organization for this Limited Liability Company v	vere filed on 10/04/2019	and Bigned
		<u> </u>
Florida document number L19000250096		
		그는 명
This amendment is submitted to amend the following:		
		<u> </u>
A. If amending name, enter the new name of the limited liabil	ity company here:	
<u>-</u>		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LUC	
		<u> </u>
Enter new principal offices address, if applicable:	<del></del>	
(Daine in all affice address MUST DE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered office a	idress on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addre	22
	, F	
		orida
New Registered Office Address:	, F	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	City F	lorida Zip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	City F	lorida Zip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	City  e to act in this capacity. I fi	lorida Zip Code arther agree to comply with the
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	City  e to act in this capacity. I fiverformance of my duties, a	Zip Code Zip Code arther agree to comply with the
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	Eto act in this capacity. I fi performance of my duties, a provided for in Chapter 605,	Iorida Zip Code arther agree to comply with the and I am familiar with and F.S. Or, if this document is
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	Eto act in this capacity. I fi performance of my duties, a provided for in Chapter 605,	Iorida Zip Code arther agree to comply with the and I am familiar with and F.S. Or, if this document is
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	Eto act in this capacity. I fi performance of my duties, a provided for in Chapter 605,	Iorida Zip Code arther agree to comply with the and I am familiar with and F.S. Or, if this document is
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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>	Name	Address	Type of Action
AMBR	JIMENEZ, EMERICH J	9251 CATTAIL RUN	
		PARKLAND, FL 33076	□Remove
			202ge
MGR	LOZANO, MONICA L	9251 CATTAIL RUN	EB FEB
		PARKLAND, FL 33076	Refinove
			— CAMPinge
			□Add
			□Remove
			Change
		<del></del>	□Add
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			Change
			DAdd
			□Remove
			□ Change

. If ameadin	g any other information	enter chi	nge(s) here:	láttach ada	litional sheet.	i, if necessar	לא	
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f the record sp record is filed.	ecifies a delayed effective d	nte, but not (	an effective tit	me, ar 12: <b>0</b> i	a.m. on the ea	rlier of: (b)	The 90th day aft	er the
FE Dated	BRUARY 18	,	2020	···· '				
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	الأسسى	matury of a n	reinber or author	orized represen	native of a nien	ber		
	EMERICH I JIMENEZ		·	ed name of Sig		<u> </u>	<del></del>	

Filing Fee: \$25.00