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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

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

Email	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOPETO LLC

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Page Count	01
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2021 AUG 31 PM 4:

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Corporate Filing Menu

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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
	TO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
			,
The enclosed Articl	es of Amendment and fee(s) are sul	omitted for filing.	2021 2021
Please return all cor	respondence concerning this matter	to the following:	2021 AUG 3 / SEOFF PSO ALT / Fresh
	ALEXANDER LOPERA		<u> </u>
		Name of Person	PH 5: 58
		Firm/Company	58
	8050 N UNIVERSITY D		
		Address	
	TAMARAC, FL 33321		
	INFO@HISPANUSA.COI	City/State and Zip Code	
	_	(to be used for future annual report notif	ication)
For further informs	tion concerning this matter, please	call:	
ALEXANDER LO	PERA	954 934-0194	
И	ame of Person	Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Secon Division of Core The Centre of Tallahassee, FL	porations Tallabassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOPETO LLC			
(Name of the Lin	ited Liability Comp: (A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited	Liability Company	were filed on 05/04/2021	and assigned
Florida document number L21000193571	,		
This amendment is submitted to amend the fo	llowing:		
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8050 N UNIVERSITY DR	
Principal office address MUST BE A STRE	ET ADDRESS)	STE 206	
		TAMARAC, FL 33321	
Enter new mailing address, if applicable:		8050 N UNIVERSITY	DR
(Mailing address MAY BE A POST OFFICE BOX)		STE 206	
		TAMARAC, FL 33321	
3. If amending the registered agent and/or agent and/or the new registered office addr	ess here:		enter the name of the new regist
Name of New Registered Agent:	MARYCELA CARDONA		
New Registered Office Address:	8050 N UNIVE	ERSITY DR STE 206 TAX	
	m.1.4.5.5	Enter Florida stree	
	TAMARAC	Cin	, Florida 33321
		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

Title	<u>Name</u>	Address	Type of Action
MGR	ALEXANDER LOPERA	8050 N UNIVERSITY DR	□Add
		TAMARAC, FL 33321	□ Remove
			■ Change
MGR	MARYCELA CARDONA	8050 N UNIVERSITY DR	
		TAMARAC, FL 33321	□Remove
			□ Change
		 -	□Add
			□Remove
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n effective date is listed, t	he date must be specific a f in this block does not	ind cannot be prior to date t meet the applicable s	of filing or more than 90 datasets of filing or more than 90 da	nys after filing.) Pursuant to 605.02 nts, this date will not be listed
cument's effective dat	e on the Department of	f State's records.		
	ed effective date, but n	ot an effective time, a	12:01 a.m. on the earlie	r of: (b) The 90th day after th
is filed.				
AUGUST 31st		2021		
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1.1	$ D \cap A$			
Q Varia	Calcully \	. 0 1 7 9 /		

Typed or printed name of signee