L21000288337

Departamento de Estado de Florida
División de Corporaciones
Portada de presentación electrónica

Nota: Imprima esta página y utilícela como portada. Escriba el número de auditoría de fax (que se muestra a continuación) en la parte superior e inferior de todas las páginas del documento.

(((H24000188395 3)))

H240001883953ABC7

Nota: NO presione el botón ACTUALIZAR/RECARGAR en su navegador desde esta página. Al hacerlo, se generará otra portada.

A:

División de Corporaciones
Número de fax: (850)617-6383

De:

Nombre de cuenta: EQUIPTRADE AMERICA INC
Número de cuenta: I20230000068
Teléfono: (954)625-5117
Número de fax: (954)368-2360

RECEIVED 2024 MAY 28 PM 2:56 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

FILED 2024 MAY 28 PM 2:32 DEPARTMENT OF STATE

**Ingrese la dirección de correo electrónico de esta entidad comercial que se utilizará en el futuro. envíos de informes anuales. Ingrese solo una dirección de correo electrónico, por favor. **

Dirección de correo electrónico:_____

LLC AMND/RESTATE/CORRECT O M/MG RENUNCIA
TEXTILES EL GRAN ORIENTAL LLC

Certificado de estatus	0
Copia certificada	0
Conteo de páginas	05
Cargo estimado	$25.00

T. LEMIEUX

MAY 29 2024

Menú de presentación electrónica | Menú de presentación corporativa | Ayuda

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEXTILES EL GRAN ORIENTAL 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:

ROSALBA CARRASQUEL
Name of Person

HC FINANCIAL SERVICES , INC
Firm/Company

4700 N HIATUS ROAD SUITE 155
Address

SUNRISE , FL ,33351
City/State and Zip Code

hcfinancialservices@flgmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalba Carrasquel at (954) 9905117
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TEXTILES EL GRAN ORIENTAL 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 05/24/2021 and assigned Florida document number L21000239337.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 MAY 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: .....
Enter Florida street address

....., **Florida** .....
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	Name	Address	Type of Action
AMBR	DIAZ DE HERNANI, MARIA D	18212 PINE AVE FONTANA, CA 92335-6072	☐ Add
			☒ Remove
			☐ Change
AMBR	JESUS HERNANDEZ GALICIA	1396 RED BLOSSOM LN , KISSIMMIEE, FL 34746	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. 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)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/15/2024 , _____ .

Signature of a member or authorized representative of a member

LANFRANCO, ORLANDO

Typed or printed name of signee

Filing Fee: $25.00