From: +19543682360

11/8/24, 11:32



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.

(((H24000203841 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 : (859)617-6383

From:

Account Name : EQUIPTRADE AMERICA INC

Account Number : I20230000068 Phone : (954)625-5117 Fax Number : (954)368-2360

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

Email	Address:					,
					<del></del> '	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEXTILES EL GRAN ORIENTAL LLC

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

T. LEMIEUX

From: +19543682360

## COVER LETTER

TO:	Reg Divi	istration Sectision of Corp	tion orations			
SUBJEC			EL GRAÑ ORIENTAL LLC		•	
Name of Limited Linbility Company						<del></del> -
The encl	osed	Articles of A	mendment and fee(s) are subr	mitted for filing.		
Plcase re	turn	all correspond	dence concerning this matter t	to the following:		
		1 •	ROSALBA CARRASQUE	L		
				Name of Person		
HC FINANCIAL SERVICES . INC						
				Firm/Company		
			4700 N HIATUS ROAD			
Address						
SUNRISE, FL 33351						
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	hefinancialservicesfl@gmail.com					
			E-mail address: (to	be used for future annual r	report notification)	<del></del>
For furth	er int	formation con	corning this matter, please ca	11:		
Rosalba	Сап			954 990 at ()	5117	
Name of Person Area Code Daytime Telephone Number					one Number	
Enclosed	is a	check for the	following amount:			
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	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 Tallahassec, FL 32303

. 1.5.

 $P^{\pm}$ 

. .

From: +19543682360

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEXTILES EL GRAN ORIENTAL LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L21000239337		_ and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del> .
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
••		·
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	the new registered
Name of New Registered Agent:	, H	E D
New Registered Office Address:		16
	Enter Florida street address	<b>%</b>
	, Florida	· ·
N. B. C. M. H.	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.

p.4

From: +19543682360

11-Jun-2024 15:43 To: +18506176383

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>	Address	Type of Action
AMBR	Butto, Yuli	10880 Cameron Court Apt 202, Davie Fl,33324	
			🗆 Remove
			\(\exists Change\)
MGR	Hernandez Galicia, Jesus Enrique	1396 Red Blossom Ln , Kissimmee, Fl , 34746	□Add
			□ Remove
			\alpha Change
AMBR	Lanfranco, Orlando	10880 Cameron Court Apt 202, Davie F1,33324	🗆 Add
			□ Remove
			Change
			DAdd
			DRemove
			DChange
			□Remove
••			□Change
			DAdd
	; } ·		□Remove
			Change

From: +19543682360

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

Typed or printed name of signee