## LZZ 000007039

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor |  |   | 1                 | , <b>f</b> . | i           |
|---------------|------------------------------------|--|---|-------------------|--------------|-------------|
|               | CORPORA                            | CION FERSIL , LLC                            |   |                   |              |             |
| SUBJE         | ECT:                               | 4  | nited Liability Company   | <del> </del>      |              | ·           |
|               |                                    | Amendment and fee(s) are sub                 |   |                   |              |             |
|               |                                    |  | Name of Person  |                   |              |             |
|               |                                    | EQUIPTRADE AMERICA                           | A INC   |                   |              |             |
|               |                                    | <del>- '</del>                               | Firm/Company  |                   |              |             |
|               |                                    | 4700 N HIATUS ROAD S                         | SUITE 155   |                   |              |             |
|               |                                    |  | Address   |                   |              |             |
|               |                                    | SUNRISE, FLORIDA, 33                         | 3351  |                   |              |             |
|               |                                    | hcfinancialservicesfl@gmai                   | City/State and Zip Code   |                   |              |             |
|               |                                    |  | to be used for future annual rep                                  | ort notification) |              |             |
| For fur       | ther information co                | oncerning this matter, please c              | all:  |                   |              |             |
| ROSA          | LBA CARRASQU                       | JEL BRACHO                                   | 954 625-5<br>at ()  | 1-77              |              |             |
|               | Name of                            | Person                                       |   | Daytime Teleph    | one Number   |             |
| Enclose       | ed is a check for th               | e following amount:                          |   |                   |              |             |
| <b>=</b> \$2. | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose |                   | Certified C  | of Status & |
|               | Mailing Address Registration S     |  | Street Addr<br>Registratio  |                   |              |             |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

CORPORACION FERSIL, LLC

2022 FEB 22 AM 6: 48

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 12/29/2021 and assigned Florida document number \_\_\_\_\_\_L22000007039 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 "LLC." 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) 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

## 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> | <u>Name</u>          | Address                      | Type of Action |
|--------------|----------------------|------------------------------|----------------|
| AMBR         | ROSALBA CARRASQUEL B | 10880 CAMERON COURT APTO 202 |                |
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| ocumer     | nt's effective date on the Department of State's records.   |
| 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 t |
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|            | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00