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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:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILLIAM ZAPATA LLC

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## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		en e
	ZAPATA·LEC .	·	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLIAM ZAPATA	•	
		Name of Person	
		Firm/Company	
	8050 N UNIVERSITY DR	STE 206	
		Address	
	TAMARAC, FL 33321		
		City/State and Zip Code	
	E-meil address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
WILLIAM ZAPATA		954 667-2079 at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	l allahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLIAM ZAPATA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/16/2022	and assigned
Florida document number L22000274877		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company bere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the i	name of the new registered
Name of New Registered Agent:		202
New Registered Office Address:	Enter Florida street address	00CT 2
		題の記録
	, Florids	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		5.5

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>	Name	Address	Type of Action
MGR	OLGA ZAPATA	126 S LAUREL DR	<b>≣</b> Add
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