Plotida Department of State Division of Corporations Electronic Filling Cover Sheet

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	Division of Co Fax Number	rporations : (859)617-6383
From:		
	Account Name	: HISPANUSA INC
	Account Number	: 120070000099
	Phone	: (954)478-2706
		: (954)934-0334
		s for this business entity to be used for future ings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADN PROJECT SERVICE LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

	istration Se Islon of Cor			
SUBJECT:	ADN PRO.	JECT SERVICES LLC		•
SOB/ECT.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		FRANK GALLARDO		
			Name of Person	
			Finn/Company	
		3050 N UNIVERSITY DE	RIVE SUITE 206	
			Address	And the state of t
		TAMARAC FLORIDA 33	3321	
			City/State and Zip Code	
		frankgallardomia@gmail.co		
		E-mail address: (to be used for luture annual report noti	fication)
For further in	formation co	oncerning this matter, please c	all:	
FRANK A G	ALLARDO		786 4i4-\$\$83 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
屬 \$25.90 Fi	iling Fec	□ \$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)
	ing Address		Street Address:	
	istration S ision of Co	ection orporations	Registration Sec Division of Cor	
	. Box 632	*	The Centre of T	
	ahassee, F			e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADIN PROJECT SERVICE LIC	mited Liability Campany as it now any	Jears on our records
the state of the sail	nited Liability Company as it now app (A Florida Limited Liability Company	y)
The Articles of Organization for this Limited Florida document number L23000227166	Liability Company were filed on	05/08/2023 and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	unede "Limited Liability Comment" (100 100 100 100 100 100 100 100 100 100
		is designation. LLC or the appreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
<u>Principal office address MUST BE A STRE</u>	EET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
		• • • • •
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)	
		
	 	
3. If amending the registered agent and/or	registered office address on ou	r records, <u>enter the name of the new regi</u> s
gent and/or the new registered office addr	ess here:	
·		
Name of New Registered Agent:	FRANK A GALLARDO	
New Registered Office Address:	245 NE 183RD STREET	
	Enter F	Florida street address
	MIAMI	, Florida ³³¹⁷⁹
	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	EDGAR H VEGA	396 NE 212 TERRACE	⊞Add
		MIAMI, FL 33179	
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		Market and the second s	□Remove
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	JUNE 8TH			2023			_				
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