# Electronic Filing Cover sheet

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.

(((H23000410099 3)))



H230FIOA100993ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

		To:			
			Division of Corporati	ons	
			Fax Number : (850	)617-6383	
		From:			2
			Account Name : HISP	ANUSA INC	25%
			Account Number : 1200	70000099	
	2	SX	Phone : (954	)478-2706	
2	$\sim$	<b>F69</b>	Fax Number : (954	)934-0334	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ö	ATA OR OR			-
	30	% <b>%</b> ~			,
7	Æ			his business entity to be used for fut	cure :
		불급K ann	ual report mailings. E	nter only one email address please.**	<del></del>
)-		7 12 40 L	•		 :.)
- 13 , <b></b> ∪1	ည	Ema	ll Address:		Űĭ
13 , 404 	OEC	됐음그			
امر د امر د	2000 2000	<u> </u>			
ien	5	Ď≥≥ TI	C AMMINIDESTATE	CORRECT OR M/MG RESIGN	
		1 /		./ t . t ./ r . r . r	

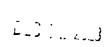
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAMES OZ & CO LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



Tallahassee, FL 32314

### **COVER LETTER**

TO: Registration S Division of Co			
JAMES O	Z & CO LLC		
5000BC1.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	<del>-</del>	
•	ADAM J STEPHENS		
	-vi-	Name of Person	
	HISPANUSA INC		
		Firm/Company	
	8050 N UNIVERSITY DE	UVE STE 206	
		Address	
	TAMARAC, FL 33321		
		City/State and Zip Code	
	INFO@HISPANUSA.COM	I to be used for future annual report notification	
For further information of	concerning this matter, please c	•	)
RUTH CHAVERRA		954 934-0194	
Name o	of Person	at (	none Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporati	ons
P O Box 632		The Centre of Tallahs	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

JAMES OZ & CO LLC		
(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on _	FULY 13, 2023 and assigned
Florida document number L23000332202		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	bere:
he 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 appl	icable:	2
Principal office address MUST BE A STRE	ET ADDRESS)	??
	<del></del>	
		- :
Inter new mailing address, if applicable:	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
		در ۔
b. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		records, enter the name of the new regist
Attante of the Megistered Agent.	20152125777774214277	000
New Registered Office Address:	3915 N MERIDIAN AVE APT	205 Orida street address
	MIAMI BEACH	
		, Florida <sup>33140</sup>

#### 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ADAM J STEPHENS	3221 NE 16TH ST 103	□Adđ
		POMPANO BEACH, FL 33062	≅Remove
			□ Change
			□Add
			□Remove
			Change
			DRemove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
<del></del>			DAdd
			□Remove

				<u> </u>		
	<del></del>	<del></del>		<del></del>	<u> </u>	<del></del>
				· <del></del>		
						<del></del>
	-			· · · · · · · · · · · · · · · · · · ·		
		<u></u>				
						<del></del>
					<del></del>	
						<del></del>
		<del></del>			· · · · · · · · · · · · · · · · · · ·	
		·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Note:	tive date, if other than fective date is listed, the date If the date inserted in thi nent's effective date on th	s block does not meet	the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605.0207 of be listed as
e recor rd is fi	rd specifies a delayed effe iled.	ctive date, but not an e	effective time, at	12:01 a.m. on the e	arlier of: (b) The 90th	day after the
Dated	NOVEMBER 08	2	023			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Filing Fee: \$25.00

Typed or printed name of signee