

L240004235

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)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: HCFINANCIALSERVICES@Gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAMA INVESTMENTS SOLUTIONS LLC**

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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K. SALY

MAR 10 2025

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2025 MAR -7 PM 3:05
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAMA INVESTMENTS SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSALBA CARRASQUEL

Name of Person

HC FINANCIAL SERVICES INC

Firm/Company

4700 N HIATUS ROAD SUITE 155

Address

SUNRISE, FLORIDA 33351

City/State and Zip Code

hcfinancialservicesfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSALBA CARRASQUEL

954 6255177
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMA INVESTMENTS SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/01/2024 and assigned
Florida document number L24000464235

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 "L.L.C."

Enter new principal offices address, if applicable:

2664 SE 15th St #1664

(Principal office address MUST BE A STREET ADDRESS)

Homestead, FL 33035

Enter new mailing address, if applicable:

714 Falling Water Rd

(Mailing address MAY BE A POST OFFICE BOX)

Weston, FL 33326

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

City

Florida

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

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2025 MAR -7 PM 3:03
ALLAH...
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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cristian Javier, Lascaro Rosso	2664 SE 15th St #2664	<input type="checkbox"/> Add
		Homestead, FL 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francelina, Manotas Coronado	2664 SE 15th St #2664	<input type="checkbox"/> Add
		Homestead, FL 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 03/06/2025

_ (optional)

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.

Dated 03/06 2025

Signature of a member or authorized representative of a member

LASCARRO ROSSO, CRISTIAN JAVIER

Typed or printed name of signee

Filing Fee: \$25.00