

L12000024012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

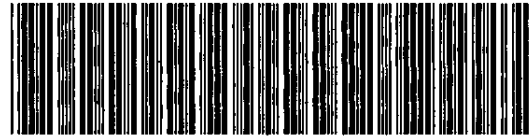
(Business Entity Name)

(Document Number)

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D. BRUCE

JAN 03

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2012

MIGUEL PAZ  
436 S KROME AVE., SUITE C  
HOMESTEAD, FL 33033

SUBJECT: SERVICIOS INTEGRADOS INTERNACIONALES, LLC  
Ref. Number: L12000024012

We have received your document for SERVICIOS INTEGRADOS INTERNACIONALES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 712A00028862

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Servicios Integrados Internacionales 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:

**Miguel G Paz Cabrales**

Name of Person

**Servicios Integrados Internacionales LLC**

Firm/Company

**436 S Krome Ave Suite C**

Address

**Homestead, FL 33030**

City/State and Zip Code

**info@serviciosintegradosllc.com**

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

For further information concerning this matter, please call:

**Miguel G Paz Cabrales**

Name of Person

at **786 879-2810**

Area Code & Daytime Telephone Number

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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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Servicios Integrados Internacionales 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 2/20/2012 and assigned Florida document number L12000024012.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

436 S Krome Avenue  
Suite C  
Homestead, FL 33030

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

436 S Krome Avenue  
Suite C  
Homestead, FL 33030

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**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:**

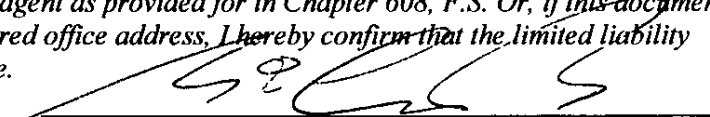
**Name of New Registered Agent:** Miguel G Paz Cabrales

**New Registered Office Address:** 13550 SW 120th ST 406-A Suite 158  
*Enter Florida street address*

Miami, Florida 33186  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rafael E Urdaneta	1090 NE 41 PL Homestead, FL 33033	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Miguel G Paz Cabrales	13825 SW 88th ST #156 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gloria L Brondo	13825 SW 88th ST #156 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Miguel G Paz Cabrales	13550 SW 120th ST 406-A Suite #158 Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gloria L Brondo	13550 SW 120th ST 406-A Suite #158 Miami, FL 33186	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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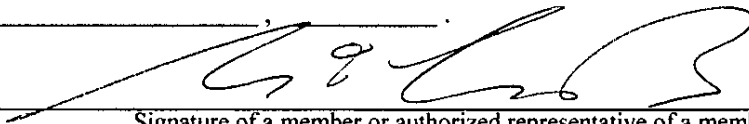
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Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

MIGUEL G. PAZ CORRALES

Typed or printed name of signee

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Filing Fee: \$25.00

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