

L12000024012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

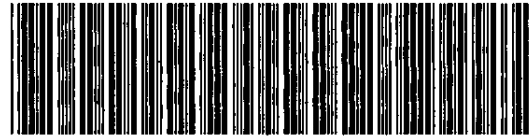
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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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TALLAHASSEE FLORIDA

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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 TALLAHASSEE FLORIDA

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

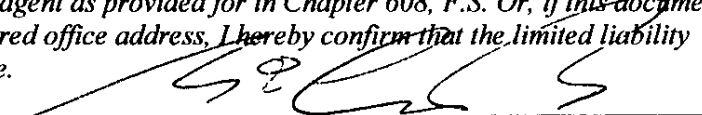
City

Florida 33186

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:

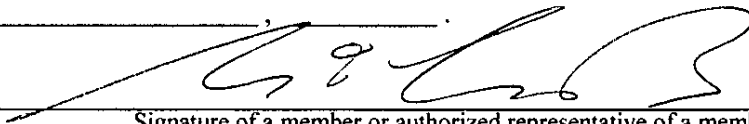
MGR = Manager
MGRM = Managing Member

<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.)

Dated _____



Signature of a member or authorized representative of a member

MIGUEL G. PAZ CORRALES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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