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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 28 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INFANTE, ZUMPARO & SALAZAR, 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:

Giselle Del Amo

Name of Person

Infante Zumpano

Firm/Company

500 S Dixie Highway, Suite 302

Address

Coral Gables, FL 33146

City/State and Zip Code

giselle.ortizdelamo@infantezumpano.com

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

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For further information concerning this matter, please call:

Giselle Del Amo

Name of Person

at (305)

503-2990

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INFANTE, ZUMPARO & SALAZAR, LLC

Page 1 of 2

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

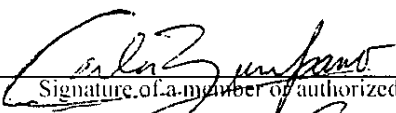
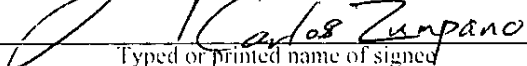
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis Salazar	500 S. Dixie Highway Suite 302 Coral Gables, FL 33146	☐ Add ☒ Remove
			☐ Add ☐ 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

 Typed or printed name of signed