

L0800000 66139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

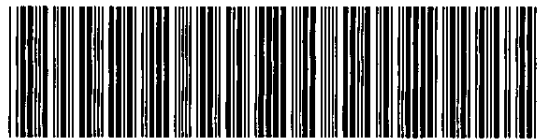
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200137473302

11/03/08--01036--013 \*\*25.00

FILED  
08 NOV -3 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. G. NOV - 4 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: N & D ASSOCIATES USA 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:

OMMAR F DIAZ

(Name of Person)

N & D ASSOCIATES USA LLC

(Firm/Company)

103 NE 3er AVENUE

(Address)

MIAMI, FLORIDA 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

OMMAR F DIAZ

(Name of Person)

at ( 305 ) 371-2208

(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

FILED  
08 NOV -3 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

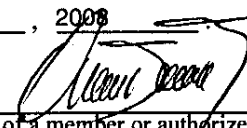
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA M DIAZ	141 NE 3 rd AVE SUITE 406 MIAMI, FLORIDA 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 28, 2008



Signature of a member or authorized representative of a member

OMMAR F DIAZ

Typed or printed name of signee

SECRETARY OF STATE  
ALLAHABSEE FLORIDA

08 NOV -3 PM 12:20

FILED