

L 09 000064843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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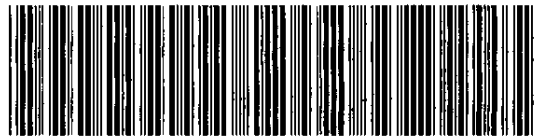
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SECRETARY OF  
DIVISION OF TAXATION  
09 JUL 16 AM 6:17

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** S & L International Investments, 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:

Max A. Adams  
Name of Person

The Medi-Law Firm  
Firm/Company

1400 NW 10<sup>th</sup> Ave., PH3  
Address

Miami, FL 33136  
City/State and Zip Code

max@themedilawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Wallace at (305) 258-0686  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**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	Leon, Carlos E	185 SE 14th Terrace, #2706 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Leone, Carlos E	185 SE 14th Terrace, #2706 Miami, FL 33131	<input checked="" 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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Max A. Adams, Esq.

Typed or printed name of signee