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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY - 4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Italinvestments 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:

Allan M. Glaser

Name of Person

Allan M. Glaser, P.A.

Firm/Company

11900 Bsicayne Blvd-Suite 807

Address

Miami, Florida 33181

City/State and Zip Code

allanglaser@bellsouth.net

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

For further information concerning this matter, please call:

Allan Glaser

Name of Person

at (305)

893-5999

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

Italinvestments USA, 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	Maximilian M. Pizzorni	1111 Kane Concourse, Suite 410 Bay Harbor Islands, FL 33154 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Adriana C. Soto-Rivera	1111 Kane Concourse Suite 410 Bay Harbor FL 33154	<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.)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated April 29, 2010

Allen M Glaser authorized rep of member
Signature of a member or authorized representative of a member

Allen M Glaser
Typed or printed name of signee