

L10000072367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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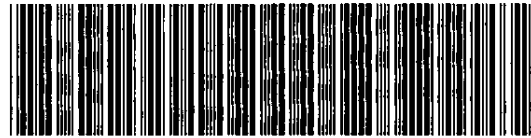
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 1 & 2010

**EXAMINER**

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10/12/10--01027--028 \*\*50.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 12 PM 12:45

**FILED**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ELECTROCOM INTERNATIONAL, 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:

**ANA B. FERNANDEZ**

Name of Person

**PRATSFERNANDEZ & CO, PA**

Firm/Company

**2121 PONCE DE LEON BLVD, SUITE # 240**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**INFO@PRATSFERNANDEZ.COM**

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

For further information concerning this matter, please call:

**EVELYN TRUJILLO**

Name of Person

at ( **305** )

**444-8333**

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

**ELECTROCOM INTERNATIONAL, 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:

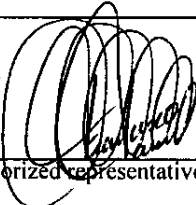
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSCAR F. ANTICH	4624 NW 114 AVE. SUITE 904 MIAMI FL 33178	<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 SEPT. 14, 2010

  
Signature of a member or authorized representative of a member

FRANCESCO TANSELLA

Typed or printed name of signee