

L10000/03/04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

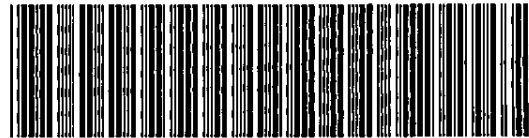
Special Instructions to Filing Officer:

A. LUNT

OCT 20 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMC MILANO, 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:

OSVALDO F. TORRES, ESQ.

Name of Person

TORRES LAW, P.A.

Firm/Company

17501 BISCAYNE BLVD., SUITE 470

Address

AVENTURA, FLORIDA 33160

City/State and Zip Code

OZZIE@TORRESLAW.NET

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

OSVALDO F. TORRES, ESQ.

Name of Person

at (305)

942-8002

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

PMC MILANO, 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

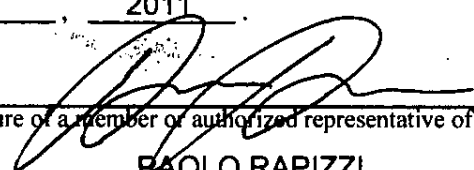
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAPIZZI, PAOLO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAPIZZI, MARIO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAPIZZI, PAOLO	20562 SAUSALITO DRIVE BOCA RATON, FLORIDA 33498	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RAPIZZI, MARIO	20562 SAUSALITO DRIVE BOCA RATON, FLORIDA 33498	<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

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 ALABAMA
 ALABAMA

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

Dated OCTOBER 17, 2011


 Signature of a member or authorized representative of a member
PAOLO RAPIZZI
 Typed or printed name of signee