

L10000117439

(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 A Filling Officer: NOV 19 2010		
EXAMINER		



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: CONDE INTERNAT	IONAL LLC	
Name of Limited Liability	Company	
Dear Sir or Madam:		
The enclosed Articles of Correction and fee(s) are submitted for file	ing.	
Please return all correspondence concerning this matter to the follow	wing:	
JAVIER MARKOWICZ		
Name of Person		
SERBER & ASSOCIATES, P.A.	SEGNE ALLAN	
Firm/Company	AS	
2875 NE 191st sUITE 801	SEETT	
Address		
AVENTURA, FLORIDA 33180	ATE RIDA	
City/State and Zip Code		
JM@SERBERLAWFIRM.COM E-mail address: (to be used for future annual report notification		
E-man address. (to be used for future annual report notification	m)	
For further information concerning this matter, please call:		
JAVIER MARKOWICZ at (305		
Name of Person Area	Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\sum \text{S30 Filing Fee & Certificate of Status}\$55 Filing Fee Certified Copy		
CR2E062 (08/05)		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: CONDE INTERNATIONAL LLC	-	
SECO	ND: The articles of organization or the application to transact business		
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Principal Address is: 20000 E. Country Club Drive # 703, Aventura, Fl, 33180	-	
	Principal Address should be: 2875 NE 191 St. # 801, Aventura, Fl, 33180	-	
Manager is: MICULITZKI CLAUDIO (shall be removed)			
	Manager Shall Be: MICULITZKI SANTIAGO ₹55 ≥	• -	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Mailing Address is: 20000 E. Country Club Drive # 703, Aventura, FL 33180		
	Mailing Address shall be: 20000 E.Country Club Drive # TS11,Aventura,F 33180)	
Dated:	November 15 Signature of a member or authorized representative of a member AVIEIZ MANKOWICZ ESP- Typed or printed name of signee November 15 Zepistered	Apeit)	
	Filing Fee: \$25.00		

\$30.00 (optional)

Certified Copy:

CR2E062 (08/05)