

L11000013178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2013
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2013

JULIO GONZALO
7848 NW 108 CT
MIAMI, FL 33126

SUBJECT: NORD USA INTERNATIONAL, LLC
Ref. Number: L11000013178

We have received your document for NORD USA INTERNATIONAL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 313A00018427

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORD USA 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:

JULIO GONZALO

Name of Person

NORD USA INTERNATIONAL, LLC

Firm/Company

7200 NW 19 STREET #512

Address

MIAMI, FL 33126

City/State and Zip Code

controller.nord@gmail.com

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

For further information concerning this matter, please call:

JULIO GONZALO

Name of Person

at **305 915-6686**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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:

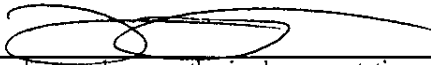
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ISABEL GOZALO	7200 NW 19 STREET # 512	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
MGRM	LAURA ADRIAZOLA	3900 NW 79 AVE # 656	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 23, 2013.



Signature of a member or authorized representative of a member

Isabel Gozalo

Typed or printed name of signee

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Filing Fee: \$25.00

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