

L11000121491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

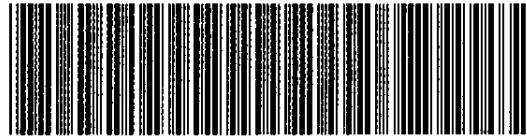
Special Instructions to Filing Officer:

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DEC 12 2011

EXAMINER

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FILED
11 DEC -9 PM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTER RAPIDISIMO 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:

NORMAN E CHAPARRO

Name of Person

INTER RAPIDISIMO USA LLC

Firm/Company

2501 B NW 72 AVE

Address

MIAMI , FL 33122

City/State and Zip Code

interrapidisimousa@att.net

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

For further information concerning this matter, please call:

NUBBY E RAMIREZ

Name of Person

at (**904**)

476-0513

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

INTER RAPIDISIMO USA LLC

(A Florida Limited Liability Company)

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Zip Code
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
address

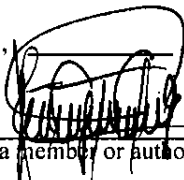
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NUBBY E RAMIREZ	1124 SCHEIDEL CT ATLANTIC BEACH FL 32233	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 12/05/2011



Signature of a member or authorized representative of a member

NORMAN E CHAPARRO

Typed or printed name of signee