11000121491

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
ertified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TAIL ANA SECRETARION

COVER LETTER

Division of Co	rporations					
SUBJECT:	INTER RAF	PIDISIMO USA LLO	;			
Sebate I.		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	. NO	ORMAN E CHAPARRO	0	_		
		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 repo	rt notification)			
For further information	concerning this matter, please of	call:				
NUBBY E RAMIREZ		at (_904_)	476-0513			
Name	of Person	Area Code & l	Daytime Telephone Number	er		
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &		

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL11000121491	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviatio			
Enter new principal offices address, if applicable:	2501 B NW 72 AVE			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33122			
Enter new mailing address, if applicable:	2501 B NW 72 AVE			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33122			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street addiess 9			
New Desired and American Change and American C	City Zip Zode			
New Registered Agent's Signature, if changing Registered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	NUBBY E RAMIREZ	1124 SCHEIDEL CT ATLANTIC BEACH. FL 32233	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			_ -
			
Dated	12/05/2011		
_	NORM.	AN E CHAPARRO r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00