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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIQUIM, 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:

Lourdes B. Rivera, Esq.

Name of Person

Lourdes B. Rivera, PA

Firm/Company

7700 N. Kendall Drive, Suite 805

Address

Miami, Florida 33156

City/State and Zip Code

monicaquirolga@msn.com

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

For further information concerning this matter, please call:

Lourdes B. Rivera

Name of Person

at (305)

Area Code

461-4901

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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SERGIO QUIROGA	12253 SW 123 PASSAGE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33186	<input checked="" type="checkbox"/> Remove
MGR/A	MONICA QUIROGA	7135 COLLINS AVE, #1435	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
MGR/A	JOSE PRIGOSHIN	7135 COLLINS AVE, #1435	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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PRIQUIM, LLC

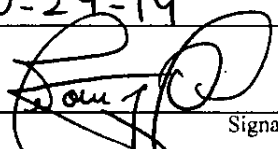
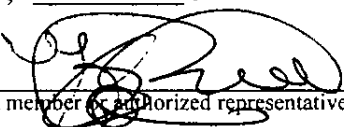
Page 1 of 3

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-24-14

	
Signature of a member or authorized representative of a member	
Monica Quiroga	Jose Prigoshin
Typed or printed name of signee	

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