

L12000122433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

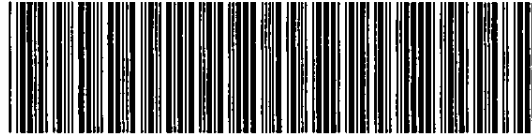
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800242239788

11/30/12--01022--001 \*\*25.00

FILED  
2012 NOV 30 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 3 2012

## COVER LETTER

**TO: Registration, Section**  
**Division of Corporations**

SUBJECT: US-AR 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:

SALDUNGARAY, SANTIAGO  
Name of Person

US-AR LLC  
Firm/Company

17971 BISCAYNE BLVD STE 201  
Address

AVENTURA, FL. 33160  
City/State and Zip Code

ADMIN@CPAEXPRESS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

FILED  
2812 NOV 30 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

| Title | Name | Address   | Type of Action   |
|-------|------|---|--|
| MGRM  |      | WIRSKY, JOAQUIN<br>17971 BISCAYNE BLVD STE 201<br>AVENTURA FL 33160 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   |      | WIRSKY, JOAQUIN<br>17971 BISCAYNE BLVD STE 201<br>AVENTURA FL 33160 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 09-27- 2012  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
SANDAGO GUILLERMO SALDUNGARAY  
Typed or printed name of signee

FILED  
2012 NOV 30 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA