

L12-000149970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

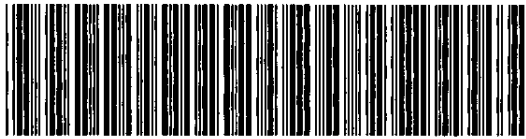
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
DEC 18 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRICIA US 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:

Carmen Matilde Hernandez-----
Name of Person

Totalcorp Business Consultants-----
Firm/Company

1825 Main Street-----
Address

Weston FL 33326-----
City/State and Zip Code

cmatilde@totalcorpconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Matilde Hernandez----- at **(954) 624-2554-----**
Name of Person 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

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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>
MGRM	PRICIA CORP.-----	801 NORTHPOINT PARKWAY-----	<input type="checkbox"/> Add
		SUITE 14-----	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407-----	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 December 07, 2012.



Signature of a member or authorized representative of a member

Andres Diaz-Wadskier

Typed or printed name of signee

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Filing Fee: \$25.00

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