

L 120000152091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

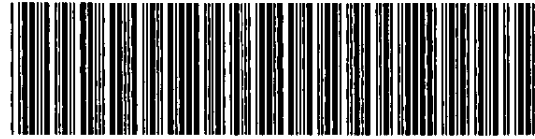
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
PALM BEACH, FLORIDA

2013 JAN 23 AM 8:17

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J. SAULSBERRY
EXAMINER

JAN 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Giraffas International Drive, 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:

Quinn Smith

Name of Person

Smith International Legal Consultants, P.A.

Firm/Company

175 SW 7TH Street, Suite 2110

Address

Miami, FL 33130

City/State and Zip Code

quinn.smith@SMINTLAW.COM

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

For further information concerning this matter, please call:

Quinn Smith

Name of Person

at (305)

856-7723

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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TALLAHASSEE, FLORIDA

GIRAFFAS INTERNATIONAL DRIVE, LLC

Page 1 of 2

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	GIRAINVEST USA, LLC	1444 BISCAYNE BLVD. SUITE 216 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GIRAFFAS USA, LLC	1444 BISCAYNE BLVD. SUITE 216 MIAMI, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 2013

Signature of a member or authorized representative of a member

Typed or printed name of signee

2013 JAN 23 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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