

47000 1198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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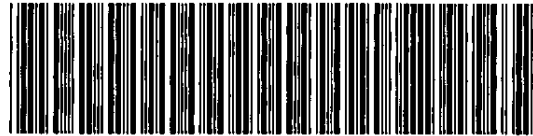
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I&H INTERNATIONAL INVESTMENTS USA 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:

JAIRO VARGAS

Name of Person

I&H INTERNATIONAL INVESTMENTS USA LLC

Firm/Company

6355 NW 36 ST SUITE 401

Address

MIAMI FL 33166

City/State and Zip Code

JVARGAS1@GATE.NET

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

For further information concerning this matter, please call:

JAIRO VARGAS

Name of Person

at (305) 428-2020

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

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>
<u>MGR</u>	<u>CARMEN ILIANA PINTO SOTO</u>	<u>6355 NW 36 ST SUITE 401 MIAMI FL 33166</u>	☒ Add
			☐ Remove
<u>MGR</u>	<u>HECTOR DEL VALLE ALBORNOZ</u>	<u>6355 NW 36 ST SUITE 401 MIAMI FL 33166</u>	☒ Add
			☐ Remove
<u>MGR</u>	<u>JAIRO VARGAS</u>	<u>6355 NW 36 ST SUITE 401 MIAMI FL 33166</u>	☐ Add
			☒ Remove
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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 09/29/2014



Signature of a member or authorized representative of a member

JAIRO VARGAS
Typed or printed name of signer

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Filing Fee: \$25.00

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