

L14000024927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

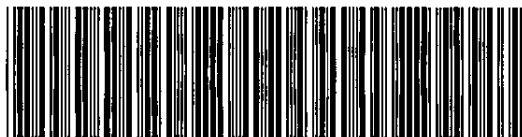
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 4 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDI Group International, 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:

Walter Reinaldo Roque

Name of Person

PDI Group International, LLC

Firm/Company

701 Brickell Ave, Suite 1550

Address

Miami, FL 33131

City/State and Zip Code

brad@abogadosw.com

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

For further information concerning this matter, please call:

Brad Westerhold

Name of Person

at (305) 728-5371

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

PDI Group International, LLC

(A Florida Limited Liability Company)

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	Maximiliano Cordano	AV. HOTHEDANO, PUNTA ESPLANADA CA CARBELLANA, CARRERA. Municipio OTAREO.	☒ Add ☐ Remove
MGR	ERASMO PROVENZA	AV. SANTA, EDIF. GRAN SASSO, PISO 10, APTO 38, Urb. EL IMPERIO Municipio SOCOR, CARRERA.	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

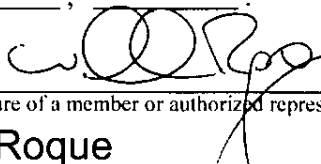
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 2/18/2014



Signature of a member or authorized representative of a member

Walter Reinaldo Roque

Typed or printed name of signee

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Filing Fee: \$25.00

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