

L14000089317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

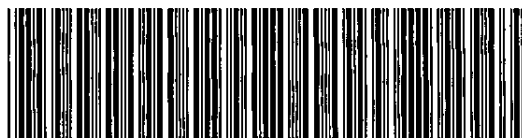
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 23 2014

A. LUNT

Office Use Only



800264143698

09/18/14--01004--009 **25.00

FILED
2014 SEP 18 PM 4:41
FALL ARIZONA STATE
FALL ARIZONA STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MVP International Properties 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:

Alex Ortiz, CPA

Name of Person

Suarez, Ortiz & Vega, CPA's, PL

Firm/Company

354 Sevilla Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

alex@sovcpas.com

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

For further information concerning this matter, please call:

Alex Ortiz

Name of Person

at (305) 448-5255

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
2014 SEP 18 PM 4:41
TALLAHASSEE, FL

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marcio B. De Barros	354 Sevilla Ave	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

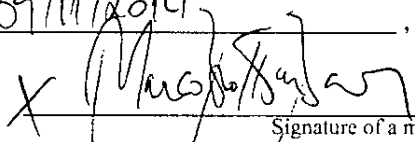
28th SEP 18 PM 4:41
CLERK
CLERK

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: 09/11/2014 (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 09/11/2014

X 

Signature of a member or authorized representative of a member

X MARCIO BROTO DE BARROS

Typed or printed name of signee

2014 SEP 18 PM 4:41
FILED