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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

AMERICAN INTERNATIONAL REAL ESTATE  
Name of Limited Liability Company  
SOLUTIONS, LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. CESPEDES  
Name of Person

AMERICAN INTERNATIONAL REAL ESTATE SOLUTIONS, LLC.  
Firm/Company

8725 NW 18 TERRACE, SUITE 125  
Address

DORAL, FLORIDA 33172  
City/State and Zip Code

CACLAWCENTER@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A. CESPEDES at 305 400-8563  
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

AMERICAN INTERNATIONAL REAL ESTATE SOLUTIONS, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	CARLOS A. CESPEDAS	8725 NW 18 TERR.	<input type="checkbox"/> Add
		SUITE 105	<input checked="" type="checkbox"/> Remove
		DORAL, FLORIDA 33172	

AMBR	CARLOS A. CESPEDAS	8725 NW 18 TERR.	<input checked="" type="checkbox"/> Add
		SUITE 105	<input type="checkbox"/> Remove
		DORAL, FLORIDA 33172	

MGR	MARIANO J. PEREZ	8725 NW 18 TERR.	<input checked="" type="checkbox"/> Add
		SUITE 105	<input type="checkbox"/> Remove
		DORAL, FLORIDA 33172	

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

*N/A*

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 DECEMBER 23, 2014

*[Signature]*

Signature of a member or authorized representative of a member

*Carlos A. Espinoza*

Typed or printed name of signer

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