

LF5000022063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL SERVERS AND APPLIANCES 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:

GUILLERMO MATIAS ACEVEDO

Name of Person

SHINA INVESTMENT LLC

Firm/Company

20900 NE 30TH AVE, SUITE 818

Address

AVENTURA . FL 33180

City/State and Zip Code

ga@shinainvest.com

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

For further information concerning this matter, please call:

GUILLERMO MATIAS ACEVEDO

305

704-3170

Name of Person

at ()

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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SECRET
TALLAHASSEE, FL

INTERNATIONAL SERVERS AND APPLIANCES LLC

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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	Guillermo M. Acevedo	20900 NE 30th Ave, 8th floor	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	Shina Investment LLC	20900 NE 30th Ave, suite 818	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<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
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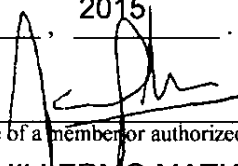
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MAY 11 AM 11:11

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 february 24, 2015



Signature of a member or authorized representative of a member

GUILLERMO MATIAS ACEVEDO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA