

L150000029608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

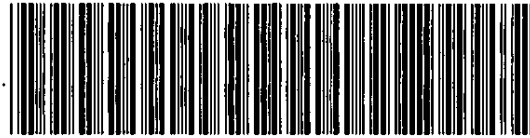
(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

MAR - 5 2015

T. BROWN

Amended

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES P.R. INTERNACIONAL, S.A., 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:

NAYARIT BRICENO

Name of Person

BW&T BUSINESS ADVISERS, INC

Firm/Company

3600 RED ROAD SUITE 301

Address

MIRAMAR, FL. 33025

City/State and Zip Code

ADMIN@ACCOUNTINGBWTBA.COM

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

For further information concerning this matter, please call:

NAYARIT BRICENO

954

443-1594

at ()

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

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SECURITY STATE
TALLAHASSEE, FLORIDA
and assigned

(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

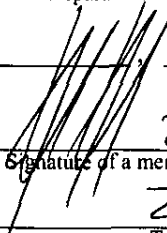
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZEUXIS PEREZ	1372 VICTORIA ISLE DR.	☒ Add
		WESTON, FL. 33327	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

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 2-20-15



Signature of a member or authorized representative of a member

ZEUXIS PEREZ

Typed or printed name of signee