

L15000079231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

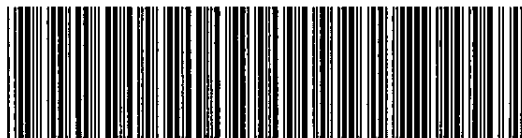
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crespano SGR USA 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:

Eduard A. Baltar

Name of Person

GLSC + company

Firm/Company

6303 Blue Lagoon Drive, suite 200

Address

Miami, FL 33126

City/State and Zip Code

ebaltar@glscpa.com

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

For further information concerning this matter, please call:

Eduard A. Baltar

Name of Person

at (305) 373-0123

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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Crespano SGR USA LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Roberto Fior	6303 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 200 Miami, FL	<input type="checkbox"/> Remove
		33126	<input checked="" type="checkbox"/> Change
MGR	Sabetay Argute Fresko	6303 Blue Lagoon	<input type="checkbox"/> Add
		Suite 200 Miami, FL	<input type="checkbox"/> Remove
		33126	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 17

Signature of a member or authorized representative of a member

Roberto Fior

Typed or printed name of signee