

L160000079776

(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:

Office Use Only



900291824679

11/01/16--01026--010 \*\*110.00

FILED  
16 NOV - 1 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
NOV 2 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INTI HOLDINGS, 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:

Carlos X. Rodriguez, Esq.

\_\_\_\_\_  
Name of Person

HALPERN RODRIGUEZ, LLP

\_\_\_\_\_  
Firm/Company

800 DOUGLAS ROAD, #880

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

cxr@hrlplaw.com

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

FILED  
16 NOV - 1 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Roger M. Pomerance

561 998-8047  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

INTI HOLDINGS, 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>
AMBR	FEC Services, LLC	1900 NW CORPORATE BLVD	<input type="checkbox"/> Add
		STE 201E, E BLDG	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
AMBR	Fisher Island Drive Unit 3403 LP	C/O 1111 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 1700 (RFH)	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 16 NOV 11 PM 1:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

10  
 SES  
 10

(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)

FILED  
NOV - 1 1960  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated October 24, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee