

M10000004640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

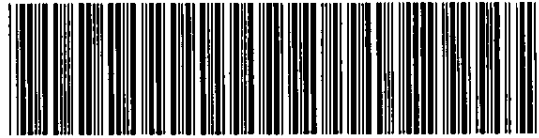
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JAN 28 2013  
A. LUNT

Office Use Only



600255828386

01/23/14--01001--001 \*\*25.00

RECEIVED  
2014 JAN 22 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2014 JAN 27 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE  
14 JAN 27 PM 2:32

January 23, 2014

CORPORATE ACCESS, INC.  
P.O. BOX 37066  
TALLAHASSEE, FL 32315-7066

SUBJECT: INTERACEL HOLDINGS, LLC  
Ref. Number: M10000004640

2014 JAN 27 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for INTERACEL HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

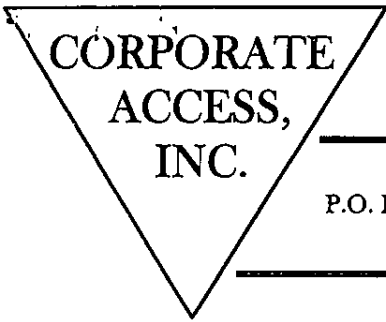
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 414A00001534

*Corrected*



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 1/22 Alinda

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC Amend

1. Interacel Holdings, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

2014 JAN 27 AM 11:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Interacel 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:

**Nathaly Schwed**  
Name of Person  
**Interacel Holdings, LLC**  
Firm/Company  
**2775 NE 187th St. Apt #529**  
Address  
**Aventura, FL 33180**  
City/State and Zip Code  
**nschwed@interacel.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Nathaly Schwed** at **(305) 3359047**  
Name of Person Area Code Daytime Telephone Number

2014 JAN 27 PM 1:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Interacel Holdings, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathaly Schwed  
Name of Person

Interacel Holdings, LLC  
Firm/Company

2775NE 187th St. Apt #529  
Address

Aventura, FL 33180  
City/State and Zip Code

nschwed@interacel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathaly Schwed at (305) 335-9047  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

2014 JAN 27 AM 11:19  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Interacel Holdings, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: October 21st 2010

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Remove Marco D. Cuono as Manager of the entity, and Add NATHALY SCHWED as the new Manager

Nathaly Schwed, Manager: 2775NE 18th St. Apt#529 Aventura, FL 33180

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Nathaly Schwed**  
\_\_\_\_\_

Typed or printed name of signer

**Filing Fee: \$25.00**

2014 JAN 27 PM 11:19  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

FILED