

L11000007900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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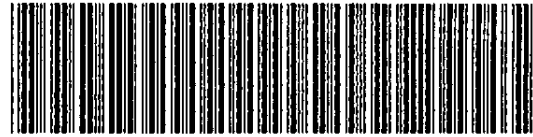
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JAN 28 2011

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CEIBO, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA PARDO  
Name of Person

FLORIDIAN TITLE GROUP, INC.  
Firm/Company

2999 NE 191 STREET PH 8  
Address

AVENTURA FL 33180  
City/State and Zip Code

PARDO.LORENA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LORENA PARDO at ( 305 ) 792-4911  
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

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
CEIBO, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
the llc shall have 1 (one) managing member and the managing member shall be

MAXIMILIANO GONI

**OR**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ernesto Hernandez - Alvarez

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)