

L11000007900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

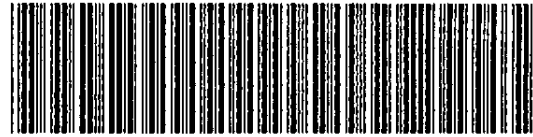
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700192298097

01/27/11--01006--021 **25.00

FILED
11 JAN 27 AM 10:27
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)

FILED
11 JAN 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LORENA PARDO

Name of Person

at (305)

792-4911

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:

FILED
11 JAN 27 AM 10:27
SECRETARY OF STATE
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)