L13000087026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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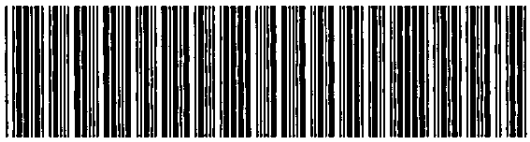

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: a.sacconi 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:

Ariana Ceròn
Name of Person

Firm/Company

5609 Legacy Crescent place #203
Address

Riverview, 33578 FL.
City/State and Zip Code

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

For further information concerning this matter, please call:

Ariana Ceròn at (510) 8674055
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

CR2E062 (4/13)

FILED

2013 JUL 15 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
a. Sacconi L.L.C.

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:
I Wou ld like to correct the Business name from a.sacconi LLC to A.ZACONNi, LLC fee has beep attach with application.

OR

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

Dated: July 8, 2013

Signature of a member or authorized representative of a member

Arianna Ceron

Typed or printed name of signee

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

CR2E062 (4/13)

Electronic Articles of Organization
For
Florida Limited Liability Company

L13000087026
FILED 8:00 AM
June 17, 2013
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

A, SACCONI L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:

5609 LEGACY CRESENT PLACE
203
RIVERVIEW, FL. 33578

The mailing address of the Limited Liability Company is:

5609 LEGACY CRESENT PLACE
203
RIVERVIEW, FL. 33578

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

ARIANNA A CERON
5609 LEGACY CRESENT PLACE
203
RIVERVIEW, FL. 33578

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ARIANNA A CERON

L13000087026
FILED 8:00 AM
June 17, 2013
Sec. Of State
ncausseaux

Article V

The name and address of managing members/managers are:

Title: MGR
ARIANNA A CERON
5609 LEGACY CRESENT PLACE APT 203
RIVERVIEW, FL. 33578

Article VI

The effective date for this Limited Liability Company shall be:

06/17/2013

Signature of member or an authorized representative of a member

Electronic Signature: ARIANNA A CERON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.