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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIAS AND PEREIRA, PLLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Eduardo Pereira

Name of Person

ARIAS AND PEREIRA, PLLC

Firm/Company

2937 SW 27TH AVE, STE 208

Address

MIAMI, FL 33133

City/State and Zip Code

EXPEREIRA@GMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO PEREIRA

Name of Person

305

Area Code

726-7206

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 (2/14)

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ARIAS AND PEREIRA, PLLC

SECOND: The Florida Document number of the limited liability company is: L13000090633

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION

(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 ARTICLES OF ORGANIZATION INCORRECTLY STATE THAT THE TWO
LLC MEMBERS ARE MAGGIE ARIAS AND EDUARDO PEREIRA, IN THEIR
INDIVIDUAL CAPACITIES, WHEN IN FACT THE CORRECT MEMBERS ARE
TWO CORPORATIONS: MAGGIE ARIAS, PA AND EDUARDO X. PEREIRA, PA

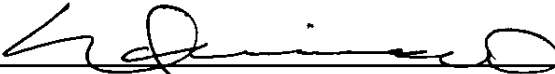
OR

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 21 AM 7:30
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OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

NOV 12, 2014
Date

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