L14000165673

(Requestor's Name)				
. (Ac	dress)	·		
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700264353327

14 NOV -5 PM L: 25
SECRETARY OF STATE
AND ASSECT FLORID

DEPARTMENT OF STATE

2 2014



ACCOUNT NO. : 12000000195

REFERENCE: 360907 8018152

AUTHORIZATION

COST LIMIT : C\$ 25'.00

ORDER DATE : November 3, 2014

ORDER TIME : 3:10 PM

ORDER NO. : 360907-010

CUSTOMER NO: 8018152

DOMESTIC AMENDMENT FILING

NAME: JOHN OR IRENE DEMATTEO, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	The name of the limited liability company is:	mitted to correct a previously filed de OHN OR IRENE DEMATTEO, LL	ocument.
ECOND: The Florida Document number of the limited liability company is:			
THIRD:	Document to be corrected is:		
	Articles of Organization		
Œ	CHECK THE APPROPRIATE BOX AND COMPLI	ETE THE APPLICABLE STATEME	<u>NT</u>
	stains an incorrect statement. The incorrect statemer	nt, the reason the statement is incorre	•
	e mailing address was incorrectly entered as:	89 Pinehurst Ct	, 50 10 10 10 10 10 10 10 10 10 10 10 10 10
		Rotonda West, FL 33947	y L
Ple	ase correct the mailing address to read:	51 Angeli Ct.	PHI
-		51 Angeli Ct.	25
OR	·		
Was	s defectively signed. The manner in which the docu ection are as follows:	ment was defectively signed and the	appropriat
	·		
OR			
The	electronic transmission of the record was defective	//-4-14	
	re of Authorized Representative	Date	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)