Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000172117 3)))



H150001721173ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARDONA-DIAZ & HERNANDEZ PL

Account Number : I20110000063 : (305)374-2295 Phone

Fax Number : (786)472-7286

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARGARITA FARMACIA PROVEMAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

7/15/2015 9:31 AM

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Z

Pursus	unt to s	section 605.0209, F.S., this document is being submitted to correct a previous	iously filed document.			
FIRS)	FIRST: The name of the limited liability company is:					
		Margarita Farmacia Proveman LLC				
SECOND:		The Florida Document number of the limited liability company is: L15000110818				
THIRD:		Document to be corrected is:				
		Articles of Organization				
	(C)	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABL	<u>e statement</u>			
回		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ected statement are as follows:				
	Plea	ase leave only the two managers listed below:	<u></u>			
	Acur	na, Enrique J. SrMGR				
Acı		na, Enrique J MGR				
/	Plea	ase also corrrect the entity name to: Margarita Farmacia Provemar	rLLC			
	OR					
		s defectively signed. The manner in which the document was defectively signed and the appropriate rection are as follows:				
	Plea	ase delete the following Managers;		•.		
	Acur	na, Adelilia S.				
•	Acur	na, Herli M. Ms	i i i			
	Acur	na, Enrique G. Mr.	5 F			
	OR					
□ ./	The	electronic transmission of the record was defective.	京 5 2015			
Si	gnature	c of Authorized Representative Date				