



**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GASTATE UN DOLLAR LLC.  
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:

OLGA LIDIA MARQUEZ

Name of Person

GASTATE UN DOLLAR LLC.

Firm/Company

2050 WEST 56TH STREET # 18

Address

HIALEAH, FL, 33016

City/State and Zip Code

francy.rodriquez@taxcareinc.com

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

For further information concerning this matter, please call:

OLGA LIDIA MARQUEZ at ( 786 ) 614 - 5439  
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

**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: GASTATE UN DOLLAR LLC.

**SECOND:** The Florida Document number of the limited liability company is: L17000037287

**THIRD:** Document to be corrected is: L17000037287 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:

Title MGR

Incorrect Statement: MARQUEZ, OLDA LIDIA ( First name spelling is wrong)

Corrected Statement: MARQUEZ, OLGA LIDIA

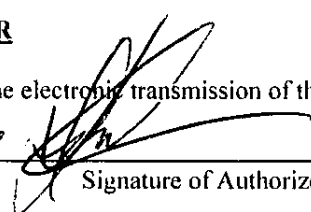
**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.



4/15/2017

Signature of Authorized Representative

Date

**FILED**  
17 APR 20 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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