Division of Corporations **Public Access System 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. (((H06000966663))) 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)205-0383 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305) 633-9696 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DIVISION OF CORPORATION** AMO ENTERPRISES LLC 30 ŝ RECEIVE <u>R</u> Certificate of Status Û. 90 Certified Copy 0 APR 06 APR 11 Page Count Т 02 Estimated Charge \$25.00 AM IO: Ш N Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: AMO ENTERPRISES LLC

L06000032547

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: APTICLE V. IS INCORRECT BECAUSE OLIVIER FLAMANT SHOULD BE THE MANAGING MEMEBER,

CORRECTED STATEMENT-TITLE: MGRM, OLIVIER FLAMANT, 901 FONCE DE LEON BLVD STE #806, CORAL GAELES, FL 33134 US

TITLE: MGR, ALEX ABRIL, 901 PONCE DE LEON BLVD STE #606, CORAL GABLES, FL 33134 US

TITLE: MGR, MAURICIO FARINELLI, 901 PONCE DE LEON BLVD STE #606, CORAL GABLES, FL 33134 US

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Dated:

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

Signature of a member or authorized representative of a member

Typed or printed name of signce

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