

LD60000093729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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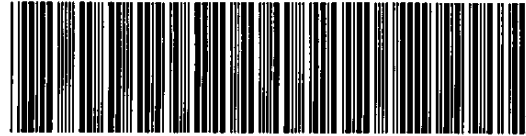
(Business Entity Name)

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DIVISION OF REGISTRATION  
2006 OCT -2 PM 4:03

*[Handwritten signature]*

**ARTICLES OF CORRECTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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

**FIRST:**       The name of the limited liability company is:  
                  Gabriel Caballero, P.L.

**SECOND:**    The articles of organization or the application to transact business contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:


Article III of the Articles of Organization is incorrect and incomplete due to a clerical error. The corrected statement for Article III should read as follows:

**Article III**

The purpose for which this Limited Liability Company is organized is:

THIS PROFESSIONAL LIMITED LIABILITY COMPANY, ORGANIZED PURSUANT TO CHAPTERS 608 AND 621, FLORIDA STATUTES, IS FORMED FOR THE SOLE AND SPECIFIC PURPOSE OF RENDERING PROFESSIONAL LEGAL SERVICES, AND HAS AS ITS MEMBERS ONLY OTHER PROFESSIONAL LIMITED LIABILITY COMPANIES, PROFESSIONAL CORPORATIONS, OR INDIVIDUALS WHO THEMSELVES ARE DULY LICENSED OR OTHERWISE LEGALLY AUTHORIZED TO RENDER THE SAME PROFESSIONAL SERVICE AS THE LIMITED LIABILITY COMPANY.

Dated: September 27, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gabriel Caballero, Managing Member

Typed or printed name of signee

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gabriel Caballero, P.L.

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Gabriel Caballero, Esq.

(Name of Person)

Gabriel Caballero, P.L.

(Firm/Company)

15359 SW 23 Lane

(Address)

Miami, FL 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Caballero, Esq.

(Name of Person)

at ( 305 ) 480-7912

(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

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L06000093729  
FILED 8:00 AM  
September 25, 2006  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
GABRIEL CABALLERO, P.L.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
15359 S.W. 23 LANE  
MIAMI, FL. US 33185

The mailing address of the Limited Liability Company is:  
15359 S.W. 23 LANE  
MIAMI, FL. US 33185

**Article III**

The purpose for which this Limited Liability Company is organized is:  
THIS PROFESSIONAL LIMITED LIABILITY COMPANY, ORGANIZED  
PURSUANT TO CHAPTERS 608 AND 621, FLORIDA STATUTES, IS  
FORMED FOR THE SOLE AND SPECIFIC PURPOSE OF RENDERING  
PROFESSIONAL LEGAL SERVICES, AND HAS AS ITS MEMBERS ONLY  
OTHER PROFESSIONAL

**Article IV**

The name and Florida street address of the registered agent is:  
CABALLERO GABRIEL  
15359 S.W. 23 LANE  
MIAMI, FL. 33185

Having been named as registered agent and to accept service of process  
for the above stated limited liability company at the place designated  
in this certificate, 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 relating to the proper and complete performance  
of my duties, and I am familiar with and accept the obligations of my  
position as registered agent.

Registered Agent Signature: GABRIEL CABALLERO, ESQ.

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### **Article V**

The name and address of managing members/managers are:

Title: MGR  
GABRIEL CABALLERO  
15359 S.W. 23 LANE  
MIAMI, FL. 33185 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/24/2006

Signature of member or an authorized representative of a member

Signature: GABRIEL CABALLERO, ESQ.

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