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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIMARIA PROPERTIES, 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:

LAURA MONTANARO

Name of Person

ABACUS PAYROLL & ACCOUNTING, INC.

Firm/Company

1140 NE 2ND STREET

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

ABACUSPOMPANO@AOL.COM

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

For further information concerning this matter, please call:

LAURA MONTANARO at (954) 270-3261
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

CR2E062 (2/14)

**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: DIMARIA PROPERTIES, LLC

SECOND: The Florida Document number of the limited liability company is: L06000111618

THIRD: Document to be corrected is:
AUTHORIZED PERSON(S) DETAIL

(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 CO-MAMAGER: OLORTEGUI CAVERO EGUSQUIZA GERARDO M

WAS AN UNAUTHORIZED CHANGE TO THE LLC.

THIS LLC HAS A SINGLE MEMBER ONLY; TITLE MGMR FRANK DIMARIA

NO OTHER PERSON IS AUTHORIZED FOR THIS LLC

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.

8/15/2014

Signature of Authorized Representative

Date

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