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G. MCLEOD

FEB 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNIEMILIO, LLC

(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:

Emilio Rivera

(Name of Person)

(Firm/Company)

1019 Hollow Pine Rd

(Address)

Orlando FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

Arnaldo Rivera

(Name of Person)

at (407) 797-9548

(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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DIVISION OF CORPORATION

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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 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:
ARNIEMILIO, LLC

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:

* Change registered agent to Emilio Rivera

Remove managing member Amaldo Rivera

Signature of authorized member is now Emilio Rivera

OR

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

* I hereby AM FAMILIAR WITH AND ACCEPT THE
DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT
FOR SAID CORPORATION/ LIABILITY COMPANY

Dated: 1/31/08

Emilio Rivera
2/18/08

* Amaldo Rivera
Signature of a member or authorized representative of a member

Emilio Rivera

Typed or printed name of signee

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