

LO8000038392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

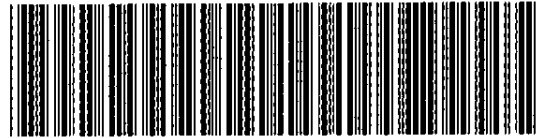
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100125456861

RECEIVED

08 APR 25 PM 4:20

OFFICE OF REVENUE
TALLAHASSEE, FLORIDA

FILED

08 APR 25 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 25 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 529295 7644125

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
08 APR 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 15, 2008

ORDER TIME : 2:49 PM

ORDER NO. : 529295-006

CUSTOMER NO: 7644125

DOMESTIC AMENDMENT FILING

NAME: LAW OFFICES OF SERRA &
VEDMED, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: _____

RECEIVED
08 APR 25 PM 4:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:
Law Offices Of Serra & Vedmed, 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:
Left off member. 2nd members information is as follows:

Victor Vedmed, 10481 N Kendall Dr Ste D204, Miami, FL 33176 US

OR

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

Dated: April 25, 2008

/s:/Angelique Serra

Signature of a member or authorized representative of a member
Angelique Serra

Typed or printed name of signee

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