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**EXAMINER** 

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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: pvsf	llc		
	(Name o	of Limited Liability Con	mpany)
Dear Sir or Madam:			
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
jorge salvado			_
	(Name of Person)		
manager			_
	(Firm/Company)		_
3014 grandiflora	drive		_
	(Address)		_
greenacres, fl, 3	3467		
	(City/State and Zip Code)		-
For further informat	ion concerning this matter, p	olease call:	
jorge salvado		at ( 561	9324777
(1)	Jame of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	ations atter Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	for the following amount:		<b>-</b>
☑ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐\$60 Filing Fee, Certificate of Status & Certified Copy

## 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 pvsf llc	<u>[</u> :	The name of the	limited liability c	omp	oany is:	····		_
<u>SECO</u>	<u>ND</u> : ′	The articles of o	organization or the	app	lication to transact busine	SS		
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Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: the name of the LLC was supposed to be pvsf export llc, no pvsf llc, which is the one has right now,							
	I want to	change to pvsf ex	κροrt, I apologize for	the i	nconvenience, an I hope the	problem cou	ld be f	<u>īx</u>
			The manner in won are as follows:	hicl	n the document was defect	ively signe	d and	 
Dated:	12/09/2		member or author		representative of a memb	er	SEURI DANSSE FI	OR DEC 12 AM
			Filing Fee: Certified Copy		\$25.00 \$30.00 (optional)			8: 50