Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000092146 3)))



H090000921463ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (305)935-3500 Fax Number : (305)935-9042

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ESEDO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

T. HAMPTON Pro

Help

APR 2 1 2009

860-617-6381

1/001 Fax Server 4/20/2009 10:42:34 AM PACE



April 20, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

ESEDO, LLC C/O 444 BRICKELL AVE. SUITE 828 MIAMI, FL 33131US

SUBJECT: ESEDO, LLC REF: L09000034630

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calî (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H09000092146 Letter Number: 909A00013116

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 business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>:</u> 	The name of the limited liability company is: ESEDO, LLC	· · · · · · · · · · · · · · · · · · ·	
<u>SECO</u>	ND:	The articles of organization or the application to transact business		
(CH	ECK 1	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	<u>IT</u>	
	incorr	ins an incorrect statement. The incorrect statement, the reason the statement is ect, and the corrected statement are as follows: snager of the Company is Mabel Gatto de Del Campo and not Pablo Del Campo as initialed		
	filed.	The name of the Manager was incorrectly entered. Therefore, Article V should read:		
	"The n	ame and address of the Manager is: Mabel Gatto de Del Campo, 444 Brickell Ave,		
	Suite 8	328, Miami, FL 33131."		
	<u>OR</u>			
7	the ap	efectively signed. The manner in which the document was defectively signed a propriate correction are as follows:	99 APR 20	DIVISION OF C
			2	Y OF STA
Dated:	4	pri 17 2009	8: 27	STATE
		Signature of a member or authorized representative of a member Sensi for Saude Typed or printed name of signee		
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L09000034630 FILED 8:00 AM April 09, 2009 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: ESEDO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

C/O 444 BRICKELL AVE. SUITE 828 MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

C/O 444 BRICKELL AVE. SUITE 828 MIAMI, FL. US 33131

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

LEOPOLD KORN LEOPOLD & SNYDER P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL. 33180

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: JENNIFER SNYDER

SECRETARY OF STATE DIVISION OF CORPORATIONS

Article V

The name and address of managing members/managers are:

Title: MGR PABLO H DEL CAMPO 444 BRICKELL AVE, SUITE 828 MIAMI, FL. 33131 US

Signature of member or an authorized representative of a member Signature: PABLO H. DEL CAMPO

L09000034630 FILED 8:00 AM April 09, 2009 Sec. Of State jbryan

SECRETARY OF STATE DIVISION OF CORPORATIONS