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09 DEC 28 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 29 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEMPREAVANTI LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

GRACIELA CHERMERINSKY  
Name of Person

SEMPREAVANTI LLC  
Firm Company

PO Box 330792  
Address

Miami, FL 33233  
City/State and Zip Code

zaratustrallc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graciela Chmerinsky at ( 305 ) 300 6299  
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

CR21062 (08-05)

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:  
SEMPREAVANTI 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: VEFFECTIVE DATE  
FORGOT TO STATE DATE OF COMMENCEMENT AS JANUARY 1ST 2010

INSTEAD OF THE DEFAULT DECEMBER 24 2009.

OR

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

FILED  
09 DEC 28 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: DECEMBER 24, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member

GRACIELA CHEMERINSKY

\_\_\_\_\_  
Typed or printed name of signee

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

CR21062 (08-05)