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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLGMANZ PROPERTIES 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:

Mario A. Pulgar Sr.
Name of Person

HOLGMANZ PROPERTIES LLC
Firm/Company

2438 SW 109TH CT
Address

Miami FL 33165
City/State and Zip Code

mario.pulgar@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario A. Pulgar Sr. at (786) 302-4550
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

**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: HOLGMANZ PROPERTIES 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: ARTICLE VI
- The effective date for this Limited Liability Company shall be: 12/30/2009
 - I entered the effective date the same as the file date by mistake.
 - The effective date for this Limited Liability Company shall be: 1/2/2010

OR

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

Dated: January 22, 2010.


Signature of a member or authorized representative of a member

Mario A. Pulgar Sr.

Typed or printed name of signer

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

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TALLAHASSEE, FLORIDA