

**L10000045624**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

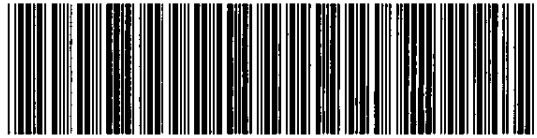
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
2010 MAY 10 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

MAY 11 2010

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSIONES SPA LATINO, 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:

MARIAN MOZOTA

Name of Person

INVERSIONES SPA LATINO, LLC

Firm/Company

7033 NW 115 CT

Address

DORAL, FL 33178

City/State and Zip Code

MARIANMOZOTA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIAN MOZOTA

Name of Person

at ( 786 )

346-8654  
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

CR2E062 (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: INVERSIONES SPA LATINO, LLC L10000045624

**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 V is incomplete.

By mistake, we forgot a manager member and her address.

Please add the following: Title: Manager. Name: Dayana F.

Last Name: Maduro Guevara. Address: 8731 NW 112 CT Miami, FL. 33178

**OR**

☐

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: May 6th., 2010

Marian Mozota Badep  
Signature of ~~a member~~ or authorized representative of a member

MARIAN MOZOTA

Typed or printed name of signee

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

FILED  
2010 MAY 10 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000045624  
FILED 8:00 AM  
April 28, 2010  
Sec. Of State  
btadlock

**Article I**

The name of the Limited Liability Company is:  
INVERSIONES SPA LATINO, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8731 NW 112 CT  
MIAMI, FL. 33178

The mailing address of the Limited Liability Company is:  
7033 NW 115 CT  
MIAMI, FL. 33178

**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:  
JESUS A LOPEZ  
7033 NW 115 CT  
MIAMI, FL. 33178

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: JESUS LOPEZ

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
ALEIDA B GUEVARA DE RABIN  
8731 NW 112 CT  
MIAMI, FL. 33178

Title: MGR  
JOAO C RABIN  
8731 NW 112 CT  
MIAMI, FL. 33178

Title: MGR  
MARIAN MOZOTA  
7033 NW 115 CT  
MIAMI, FL. 33178

L10000045624  
FILED 8:00 AM  
April 28, 2010  
Sec. Of State  
btadlock

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/28/2010

Signature of member or an authorized representative of a member

Signature: MARIAN MOZOTA