

L11000094206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

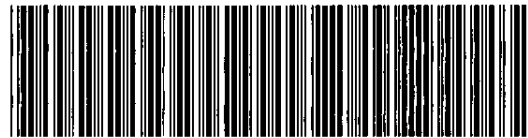
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 9 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTELLANOS & NIETO NET WORKING 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:

MARIA NIETO

Name of Person

CASTELLANOS & NIETO NET WORKING LLC

Firm/Company

11410 LANE PARK ROAD

Address

TAVARES FL 32778

City/State and Zip Code

catellanosnieto@gmail.com

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

For further information concerning this matter, please call:

FERNANDO FABREGAS

Name of Person

at (352)

4500487

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: L11000094206
CASTELLANOS & NIETO NET WORKING 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:

Art II The street and mailing addres of principal office is: 11410 Lane Park Road

FL 32778. Art III The purpose for which LLC is: sale of wholesale products, retail
sale of products, consulting affiliated with amway independent business under the

No 2158222. Art V. The address are 11410 Lane Park Road Tavares FL 32778

OR



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

Dated: september 01, 2011

Maria Nieto

Signature of a member or authorized representative of a member

Maria Nieto

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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