

LL20000910396

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FILED
12 JUL 27 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMCOK 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:

lorena pardo
Name of Person

floridian title group
Firm/Company

2999 NE 191ST STREET PH 8
Address

aventura, florida 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

lorena pardo at (305) 7924911
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

**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:
 TAMCOK 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:

the correct mailing, principal, manager and managing members address is

18851 NE 29 AVENUE, SUITE 705, AVENTURA, FLORIDA 33180

OR



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

Dated: _____

Signature of a member or authorized representative of a member

12 JUL 27 PM 1:48

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

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Tallahassee, Florida 32301

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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)

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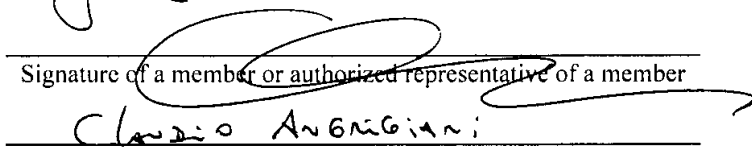
18851 NE 29 AVENUE, SUITE 705, AVENTURA, FLORIDA 33180

OR



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

Dated: July 24th, 2012


Signature of a member or authorized representative of a member

Claudio Aroniani

Typed or printed name of signee

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

12 JUL 27 PM 1:48

FILED

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

L12000090396
FILED 8:00 AM
July 11, 2012
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:
TAMCOK LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1885 NE 29TH AVENUE
SUITE 705
AVENTURA, FL. US 33180

The mailing address of the Limited Liability Company is:
1885 NE 29TH AVENUE
SUITE 705
AVENTURA, FL. US 33180

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:
FLORIDIAN TITLE GROUP, INC.
2999 NE 191ST STREET
PH 8
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: LORENA PARDO

Article V

The name and address of managing members/managers are:

Title: MGR
CLAUDIO ANGRIGIANI
1885 NE 29TH AVENUE, SUITE 705
AVENTURA, FL. 33180 US

Title: MGRM
LIDIA M SAN PEDRO
1885 NE 29TH AVENUE, SUITE 705
AVENTURA, FL. 33180 US

Title: MGRM
CLAUDIO H ANGRIGIANI
1885 NE 29TH AVENUE, SUITE 705
AVENTURA, FL. 33180 US

Title: MGRM
CLUADIO R ANGRIGIANI
1885 NE 29TH AVENUE, SUITE 705
AVENTURA, FL. 33180 US

L12000090396
FILED 8:00 AM
July 11, 2012
Sec. Of State
bbostick

Article VI

The effective date for this Limited Liability Company shall be:

07/11/2012

Signature of member or an authorized representative of a member

Electronic Signature: LIDIA SAN PEDRO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.