

L13000032088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

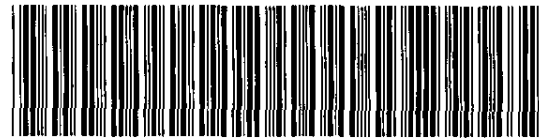
(Business Entity Name)

(Document Number)

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2013 MAR -8 AM 9:09  
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FLORIDA  
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OFFICE OF  
STATE REGISTRATION

FILED  
2013 MAR -8 AM 9:22  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brasas de Caribe 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:

Altagracia Guillen

Name of Person

Brisas Del Caribe

Firm/Company

1420 Waters Ave.

Address

Tampa Fl 33604

City/State and Zip Code

ea6919@gmail.com

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

For further information concerning this matter, please call:

Altagracia Guillen

Name of Person

at ( 813 ) 770-7566

Area Code & Daytime Telephone Number

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2013 MAR -8 AM 9:22

FILED

**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:  
The filed name of the company was "Brasas de Caribe LLC", the correct name is "Brisas del Caribe 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 name of the company is "Brisas Del Caribe LLC" not Brasas de Caribe LLC.

\_\_\_\_\_  
The address of the registered agent is 1420 W. Waters Ave, Tampa FL 33604.

**OR**

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

Dated: March 6 2013

*Altagracia Guillen*

Signature of a member or authorized representative of a member

**Altagracia Guillen**

\_\_\_\_\_  
Typed or printed name of signer

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

STATE OF FLORIDA  
TALLAHASSEE, FL 32310  
2013 MAR 18 AM 9:22

FILED

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

L13000032088  
FILED 8:00 AM  
March 01, 2013  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

BRASAS DE CARIBE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1420 W. WATERS AVE  
TAMPA, FL. 33604

The mailing address of the Limited Liability Company is:

1420 W. WATERS AVE  
TAMPA, FL. 33604

**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:

ALTAGRACIA GUILLEN  
5015 W. WATERS AVE  
TAMPA, FL. 33604

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: ALTAGRACIA GUILLEN

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
ALTAGRACIA GUILLEN  
1420 W. WATERS AVE  
TAMPA, FL. 33604 US

L13000032088  
FILED 8:00 AM  
March 01, 2013  
Sec. Of State  
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: ALTAGRACIA GUILLEN

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.