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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

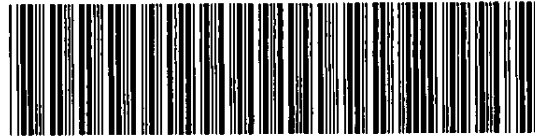
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13 MAY 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OASIS LAWN CARE SERVICES 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:

Raquel Guadalupe Dalcolmo

Name of Person

Oasis Lawn Care Services LLC

Firm/Company

54 Silver Park Circle

Address

Kissimmee FL 34743

City/State and Zip Code

lucasricotero83@hotmail.com

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

For further information concerning this matter, please call:

RAQUEL Guadalupe Dalcolmo at **321** **682-1983**

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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:
Oasis Lawn care services 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:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Article IV has to be corrected the MGR SHOULD BE:

RAQUEL GUADALUPE DALCOLMO AND THE MGRM SHOULD BE:

LUCAS DAMIAN ROMERA.

Dated: May 23rd, 2013

Raquel Dalcolmo

Signature of a member or authorized representative of a member

RAQUEL DALCOLMO

Typed or printed name of signee

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

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13 MAY 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA