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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EMPORIO BRAZIL 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:

CRISTINA RIVERA

Name of Person

SAFETY BUSINESS LLC

Firm/Company

6220 S ORANGE BLOSSOM TRL STE 60

Address

ORLANDO, FL 3809

City/State and Zip Code

CRISTINA@SAFETYTAX.COM

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

For further information concerning this matter, please call:

CRISTINA RIVERA

Name of Person

at (**407**) **888-4747**

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

FILED
2013 JUN 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

EMPORIO BRAZIL 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 V-Managers need to be updated. Please remove the following MGRS:

JOSE ANDRE-5472 International Dr Orlando, FL 32819; CARLA CAMARA 3326

Robert Trent Jones Dr. Apt 403 Orlando, FL 32819; MICHELA SALVON - 6720

Imperial Oak Lane Orlando, FL 32819. Please ADD: FELIPE RAMOS - MGR - 6720 IMPERIA

Dated: 06052013



Signature of a member or authorized representative of a member

FELIPE ANDRE

Typed or printed name of signee

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

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2013 JUN 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA