

L 13000079686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

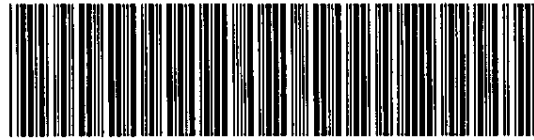
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249323021

07/01/13--01047--010 **25.00

FILED
13 JUL - 1 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL - 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. A. EMERGENCY CONSULTING, 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:

LUIS MANUEL REQUEJO
Name of Person

M. A. EMERGENCY CONSULTING, LLC
Firm/Company

3581 SW. 140 AVE
Address

MIAMI, FL 33175
City/State and Zip Code

LUIS @ MAEMERGENCY.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS REQUEJO at (305) 803-0431
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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$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 90 business days to correct the attached articles of organization or application to transact business in Florida.

FILED
13 JUL -1 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:

M. A. EMERGENCY CONSULTING, 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:

PLEASE ADD LUIS M. REQUETO

3581 SW 140 AVE

MIAMI, FL 33175

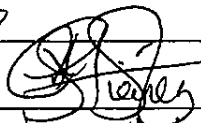
AS A MANAGING MEMBER

OR



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

Dated: JULY 27, 2013



Signature of a member or authorized representative of a member

Claudia Gutierrez

Typed or printed name of signee

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