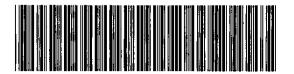
## L17000096677

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
ARIAS AND PEREIRA, PLLC				
	Liability Company			
Dear Sir or Madam:				
The enclosed Statement of Correction and fee(s) are submitted for	filing.			
Please return all correspondence concerning this matter to the following	owing:			
Eduardo Pereira				
Name of Person	galaga di daga			
ARIAS AND PEREIRA, PLLC				
Firm/Company				
2937 SW 27TH AVE, STE 208				
Address				
MIAMI, FL 33133				
City/State and Zip Code				
EXPEREIRA@GMAIL.COM	•			
E-mail address: (to be used for future annual report notificat	ion)			
For further information concerning this matter, please call:				
EDUARDO PEREIRA 305	<sub>_</sub> 726-7206			
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 Certificate of Status □ \$55 Filing Fee Certified Cop				
CR2E062 (2/14)				

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

oursuant to	section 605.0209, F.S., this document is being submitted to correct a previously filed do	ocume	nt.
FIRST:	The name of the limited liability company is:  ARIAS AND PEREIRA, PLLC	<del> </del>	
SECOND:	The Florida Document number of the limited liability company is: L13000090633		
THIRD:	Document to be corrected is:		
	ARTICLES OF ORGANIZATION		
<u>(C</u>	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	NT	
corre	tains an incorrect statement. The incorrect statement, the reason the statement is incorrected statement are as follows:  E ARTICLES OF ORGANIZATION INCORRECTLY STATE THAT THE TWO	ect, an	d the
	MEMBERS ARE MAGGIE ARIAS AND EDUARDO PEREIRA, IN THEIR		
IND	IVIDUAL CAPACITIES, WHEN IN FACT THE CORRECT MEMBERS ARE		
TW	O CORPORATIONS: MAGGIE ARIAS, PA AND EDUARDO X. PEREIRA, PA		
<u>OR</u>			
	defectively signed. The manner in which the document was defectively signed and the ection are as follows:	appro	
	ASSET TO SEE	121	Ex-
		AH :	m
	ORIU BRID	7: 30	
<u>OR</u>	<b>&gt;</b>		
The	electronic transmission of the record was defective.		
	NOVER 12, 2014		
Signatur	e of Authorized Representative Date		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)