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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GENESIS NON GMO VHAMINS & MOSE, LLC Name of Limited 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:	
VINCENT J. PITONZO Name of Person	
GENESIS NON GMC VITAMINS a MOTE Firm/Company  6550 Huntington Lakes Cin. 204 Address	
6550 Huntington Lakes Cin. 204	
Naples, Florida 34/19 City/State and Zip Code	
UT lift a cutl cck. Com E-mail address: (to be used for future annual report notification)	20
	2014 JAR 13
Name of Person at (3/5) 380-6024  Area Code Daytime Telephone Number	Pirk out
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  Curve Status  Curve Status  Curve Status	

CR2E062 (12/13)

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	<u>:</u> :	The name of the limited liability company is:	
		GENESIS NON GMO VITAMINS & MORE SOCHLI	13000/4772
<u>SECO</u>	<u>ND</u> :	Document to be corrected is:  Article 6 Effective Date and Article 5 Missing	uz member
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	
Image: section of the content of the	and th	ins an incorrect statement. The incorrect statement, the reason the statement is income corrected statement are as follows:  Effective fileing date reads October 20, 2013	
	The	is was a Error. creet Pate should read: January 1,2014 He: MGRM is on Back of This sheet	- <u>:</u>
	Was cappro	defectively signed. The manner in which the document was defectively signed and to priate correction are as follows:	ယ : _ ႏ
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	<u>OR</u>		<b>-</b>
Sig	Va	e of Authorized Representative  lectronic transmission of the record was defective.  1-9-2014  Date	-
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Filing Fee: (S)
Certified Copy: \$30.0

\$25.00 \$30.00 (optional)