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# COVER LETTER

TO: Registration Section Division of Corporations 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: Daniel J. Serber Name of Person Serber & Associates, P.A. Firm/Company 2875 NE 191 Street, Suite 801 Address Aventura, FL 33180 City/State and Zip Code info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

Name of Person

## 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 FORFICN LIMITED LIABILITY CO

FILED

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 PORT	: The name o	f the limited liability comp	pany is:		
SECO	ND: The articles	of organization or the app	lication 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:  Misspelled last name of Managers.				
	Right name for Mario Monguini is Mario Mongini				
	Right name for Enzo Luis Paisan is Enzo Luis Pasian				
	<u>OR</u>				
	y signed and				
		-			
Dated:	November 27th	······	2013		
		76	2		
	Signature of a member or authorized representative of a member				
	Joanna Plessis - Authorized representative of the members				
	Typed or printed name of signee				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		