

L13 000161524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

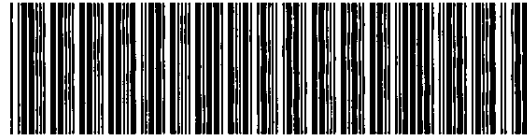
(Business Entity Name)

(Document Number)

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FALL ANNUAL REPORT

L13-161524

DEC 18 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SCH Distributors, 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:

**Carlos Santos**

Name of Person

**SCH Distributors, LLC**

Firm/Company

**7571 NW 175th St**

Address

**Hialeah, FL 33015**

City/State and Zip Code

**cdossantos@schvapes.com**

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

For further information concerning this matter, please call:

**Carlos Santos**

Name of Person

at **305** **494-2855**

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

2013 DEC 16 PM 12:24  
CLERK OF SUPERIOR COURT  
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:  
SCH DISTRIBUTORS, 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:  
MGRMs names do not match Identification (FL drivers license) Correct as follow

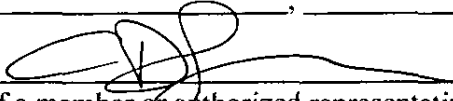
MGRM Saira Sime should read "Saira Sime Peralta"

MGRM Carlos Dos Santos should read "Carlos J Santos"

**OR**

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

Dated: December 04, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carlos Santos

\_\_\_\_\_  
Typed or printed name of signee

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