

L13000176641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE TARY DE STATE
FALBANKSSEE, FID, DIVISION

JAN - 8 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALPHA-BRIMSTONE 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:

SUSAN GLASS

Name of Person

IRA FINANCIAL GROUP

Firm/Company

1688 MERIDIAN AVENUE, SUITE 504

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

SUSANG@IRAFINANCIALGROUP.COM

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

For further information concerning this matter, please call:

SUSAN GLASS

Name of Person

305

Area Code

538-9292

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

CR2E062 (12/13)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT 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.

FIRST: The name of the limited liability company is:

ALPHA-BRIMSTONE LLC

SECOND: Document to be corrected is:

Articles of Organization - L13000176641

(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:

incorrect address # = 2383 DANFORTH TERRACE

correct address # = 2683 DANFORTH TERRACE

OR



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

OR



The electronic transmission of the record was defective.

SUSAN GLASS

12/30/2013

Signature of Authorized Representative

Date

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

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF ALACHUA