

L14000007266

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000014750 3)))



H140000147503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 21 AM 7:51

FILED

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bmann@nasonyeager.com

RECEIVED
14 JAN 21 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIRECT VALUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T Burch JAN 22 2014

**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:

Direct Value, LLC

SECOND: Document to be corrected is:

L14000007266

14 JAN 21 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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:

"Mariela C. Mitchell" is incorrect. Mariela Mitchell does not
have a middle initial. The correct statement is:

"Mariela Mitchell"

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.


Signature of Authorized Representative

Date

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