

L14000015979

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305)388-7028
Fax Number : (305)479-2705

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

Email Address: Tim-Suazo@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALTA ALE INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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2014 JAN 30 AM 7:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTA ALE INVESTMENT, 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:

TIM SUAZO
Name of Person

USA ACCOUNTING 4 US
Firm/Company

13501 SW 128TH STREET SUITE 202
Address

MIAMI, FL
City/State and Zip Code

33186
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM SUAZO at (305) 388-7028
Name of Person 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

**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:
ALTA ALE INVESTMENT, LLC L14000015979

SECOND: Document to be corrected is:
ARTICLES OF ORGANIZATION

(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:

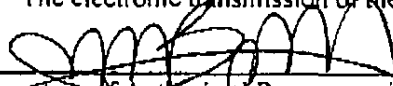
TIM SUAZO IS NOT A MANAGER MEMBER.
TIM SUAZO IS ONLY A MANAGER TO THE COMPANY.
NOT A MEMBER.

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.

 01/30/13
Signature of Authorized Representative Date
TIM SUAZO

2013 JAN 30 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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