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... COVER LETTER

TO: Re	egistration Section vision of Corporations
SUBJECT	CENTRA

L PET

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:

FELIX NOGUERA

Name of Person

CENTRAL PET

Firm/Company

11993 NW 79TH CT

Address

PARKLAND, FL 33076

City/State and Zip Code

FNOGUERA1@GMAIL.COM

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

For further information concerning this matter, please call:

FELIX NOGUERA

5670669

Name of Person

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)

STATMENT 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.

<u>FIRST</u>	<u>:</u> :	The name of the limited liability company is: CENTRAL PET			
<u>SECO</u>	<u>ND</u> :	Document to be corrected is: Electronic Articles of Organization			
	(CHEC	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	ENT		
х	and the	ains an incorrect statement. The incorrect statement, the reason the statement is in the corrected statement are as follows:	22rrect,		
	Artic	cle V, Felix Noguera Title MGR, correct: Felix Noguera PD			
	Artic	cle V, Juan Teixeira Title MGR, correct: Juan Teixeira VPD			
	Artic	cle V, Teixeira Abbo MGR, correct: Eduardo Abbo TSD	· (#2)		
	<u>OR</u>				
х		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
	<u></u>				
	<u>OR</u>		_		
□ FEI		NOGUERA 02/11/2014			
Sig	nature	e of Authorized Representative Date			

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)