

L14000070155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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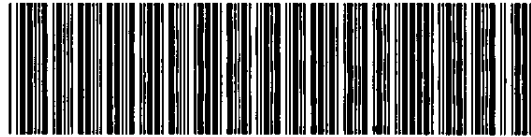
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINE ART LANDSCAPES, 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:

Bernard L. Egozi

Name of Person

Egozi & Bennett, P.A.

Firm/Company

2999 NE 191st St., Suite 407

Address

Aventura, FL 33180

City/State and Zip Code

begozi@egozilaw.com

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

For further information concerning this matter, please call:

Bernard L. Egozi

Name of Person

at (305) 931-3000

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:

FINE ART LANDSCAPES, LLC

SECOND: Document to be corrected is:

L14000030155

(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:

The name of the manager is spelled incorrectly.

It currently lists: Emilio Behar Sidauihy

It SHOULD list: Emilio Behar Sidaui

(There should NOT be an "h" in the last name.)

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



3-7-14

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