

L14000042900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MX3 VISA SOLUTIONS 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:

DODI MAESTRO-PEJOVIC

Name of Person

Firm/Company

8564 FLORALWOOD DR

Address

BOCA RATON, FL 33433

City/State and Zip Code

BEN@SNAPPYTAX.COM

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

For further information concerning this matter, please call:

BEN BURKE

352

533-4250

Name of Person

at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2014

DODI MAESTRO-PEJOVIC
8564 FLORALWOOD DR
BOCA RATON, FL 33433

SUBJECT: MX3 VISA SOLUTIONS LLC
Ref. Number: L14000042900

We have received your document for MX3 VISA SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 014A00006710

**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: MX3 VISA SOLUTIONS LLC

SECOND: The Florida Document number of the limited liability company is: L14000042900

THIRD: 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:

There should only be 1 person listed. Please remove both Wilmar Campos and

Alex Pepovic. The only MGRM that should be on there is myself

Dodi Maestro-Pejovic. My address is 8564 Floralwood Drive, Boca Raton, FL

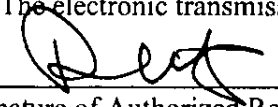
33433. Thank you.

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

4/16/2014

Date

FILED
2014 APR 18 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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