## L14000067147

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Consolidated Group of Companies. 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:		
rease return an correspondence concerning this matter to the following.		
Sarah H. Grace Name of Person		
Estate Planning and Legacy Law Center, PLC		
159 Look out Place, Suite 101		
Mailand FL 32751 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sarah H - Givace at (407) Lo47 - 75246  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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231		
Enclosed is a check for the following amount:		
\$25 Filing Fee Certificate of Status S55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy		
CR2E062 (2/14)		

2014 MAY -5 FM 3-65

## 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: Consolidated Groups

FIRST:

FIRS'	<u>r</u> :	The name of the limited liability company is: (7011)011 AUT-CA GROUPO !	
		Companies, UC	
SECO	ND:	The Florida Document number of the limited liability company is: <u>L14000067147</u>	
<u>THIR</u>	<b>RD</b> : Document to be corrected is:		
		Articles of Organization	
	<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
J		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ted statement are as follows:	
	The	principal office and mailing address were = =	
	MU	overtently listed as being the name address?	
	The	currect address for pricipal office and mailing	
		159 Lookout Place, Snite 101, Martland, FL 32751	
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the approproaction are as follows:		
	·	<del></del>	
	<u>OR</u>		
	The el	ectronic transmission of the record was defective.	
		05/01/14	
Sig	gnature	of Authorized Representative Daye	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)