## L14000066311

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## **COVER LETTER**

TO:

то:	Registration Division of	n Section Corporations			
CHRIE	CT.	L St A&J, LL	_C		
SUBJECT:			Name of Limited Liability Company		
Dear Si	r or Madam:				
The enc	closed Staten	nent of Correction and fee(s)	are submitt	ed for filing	g.
Please r	eturn all cor	respondence concerning this	matter to th	e following	g:
	Loui	is C Ductan			
-		Name of Person			-
		Firm/Company			_
	P.O	. Box 392			,
		Address			_
	Воу	nton Beach, FL 33425	5		
		City/State and Zip Code			_
	Loui	iselda@hotmail.com			
E-	-mail address	s: (to be used for future annu-	al report no	tification)	-
For furt	her informat	ion concerning this matter, p	lease call:		
LOUIS C DUCTAN			at (	561	294-4876
	N:	ame of Person	at (_	Area Code	Daytime Telephone Number
Division of Corporations Clifton Building					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclose	ed is a check	t 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
CDOE	62 (2/14)				

## 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. L St A&J, LLC The name of the limited liability company is: FIRST: The Florida Document number of the limited liability company is: L14000069311 **SECOND:** Document to be corrected is: THIRD: 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: The effective date is incorrect. May 29, 2014 was erroneously entered as the effective date. The effective date should be the day of filing, which is April 29, 2014. <u>OR</u> 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. May 5, 2014 Signature of Authorized Representative

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Date