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COVER LETTER

TO: Registration Division of	n Section Corporations				
COM	MERCIAL E CONSTR	UTORA			
DODUNCT:		Name of Limited Lia	bility Company	_	
Dear Sir or Madam:					
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	g.		
Please return all corr	respondence concerning this	matter to the following	g:		
Carol Sousa					
	Name of Person		_		
Sousa & Assoc	ciates Inc				
···	Firm/Company		_		
7055 S. Kirkma	an Rd Suite 116				
	Address		_		
Orlando, FL 32	2819				
	City/State and Zip Code		_		
carol@sousana	associates.com				
E-mail address	: (to be used for future annu	al report notification)	_		
For further informati	ion concerning this matter, p	olease call:		28	
Carol Sousa	- ,	407	342-6382	A JUN	RE-THEFE
Na	ame of Person	Area Code	Daytime Telephone Number	- 2 - 2	i marije.
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	PM 3: 37 Of STATE E FEGREDA	Caraca a
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 (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. The name of the limited liability company is: ______COMERCIAL E CONSTRUTORA FIRST: COSIMO CATALDO LLC The Florida Document number of the limited liability company is: L14000085700 SECOND: Document to be corrected is: THIRD: LLC Name (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: Please change the name of the LLC to: CATALDO AMERICAN GROUP LLC owners dediced name change Soon after Submission <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 05/30/2014 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)