1-14000096340

| | • | | | |
|---|-------------------|-------------|--|--|
| (Re | equestor's Name) | | | |
| (Ad | dress) | • | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Do | cument Number) |) | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | Jun 2 | 7 2016 | | |
| | A. L | UNT | | |
| | | | | |
| | | | | |

Office Use Only



300261385593

06/19/14--01020--020 **55.00



COVER LETTER

| TO: Registration Section Division of Corporations | S | | | | | |
|--|--------------------------|------------------------------------|---|---|-----------|--|
| MTC & CA, LL SUBJECT: | С | | | | | |
| SUBJECT: | | Name of Limited Lia | pility Company | . | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Statement of Correct | ction and fee(s) | are submitted for filin | g. | | | |
| Please return all correspondence | concerning this | matter to the followin | g: | | | |
| Manuel Diner | | | | | | |
| Name | of Person | | - | | | |
| Manuel Diner, P.A. | | | | | | |
| Firm/C | ompany | | _ | 200 | 28 | |
| 7735 NW 146 Street, Su | ite 300 | | | 1- 7-3 1- 7-1 | 2011年月382 | |
| Add | ress | | _ | 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | 26 | |
| Miami Lakes, Fl. 33016 | | | | | P. | |
| City/State a | and Zip Code | | _ | 플로 무료 | ₩) | |
| mdiner@dinerlaw.com | | | | t fast te | 99 | |
| E-mail address: (to be used | for future annua | al report notification) | _ | | | |
| For further information concerning | ng this matter, p | lease call: | | | | |
| Manuel Diner | | 305 | 825-8151 | | | |
| Name of Person | | Area Code | Daytime Telephone Number | | | |
| STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | S: | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the follo | wing amount: | | | | | |
| □ \$25 Filing Fee □ \$30 Fil Certifi | ing Fee & cate 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:____MTC & CA, LLC **FIRST**: The Florida Document number of the limited liability company is: L14000096340 SECOND: 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 incomed, and the corrected statement are as follows: 1. Name of the limited liability company is corrected to MTC & AC, LLC 2. The spelling of of the second Managing Member is incorrect. The correct spelling of her name is Maria T. Carbo 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

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)