

L14 000117782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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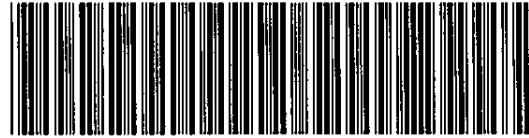
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG -8 PM 3:25
SOUTH FLORIDA
FALM HASSETT JORDA

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CHARLES S. TUSA
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THOMAS P. SPELLANE
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THEODORE L. SANDLER **
CHRISTOPHER D. BRISTOL
ALESSIA R. MILLER
JEFFREY A. SLAVIN**
MARISA A. FEGAN***
MATTHEW J. CRAWFORD**

GILBRIDE, TUSA, LAST & SPELLANE LLC

ATTORNEYS AT LAW
31 BROOKSIDE DRIVE
P.O. BOX 658
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COUNSEL
ROBERT N. LUTTMAN
SHEILA ANN MARIE MOELLER
FREDERIC P. RICKLES**
TODD S. SHARINN ***

**NOT ADMITTED IN FLORIDA
**NOT ADMITTED IN CONNECTICUT OR FLORIDA
**NOT ADMITTED IN NEW YORK OR FLORIDA
**NOT ADMITTED IN CONNECTICUT
**ALSO ADMITTED IN NEW JERSEY
***ALSO ADMITTED IN MASSACHUSETTS, PENNSYLVANIA AND USPTO

August 5, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Via-De-Linda LLC – Certificate of Correction**

Dear Sir or Madam:

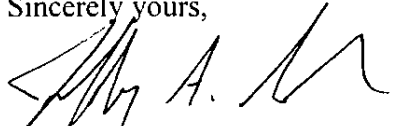
Please find the following enclosed for as it relates to the above-referenced Florida limited liability company:

1. Certificate of Correction; and
2. Check in the amount of \$25 made payable to the Secretary of State.

Please file the Certificate of Correction accordingly.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely yours,



Jeffrey A. Slavin

JAS:md
Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIA-DE-LINDA 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:

Jeffrey A. Slavin

Name of Person

Gilbride, Tusa, Last & Spellane LLC

Firm/Company

31 Brookside Drive

Address

Greenwich, CT 06830

City/State and Zip Code

jas@gtlslaw.com

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

For further information concerning this matter, please call:

Jeffrey A. Slavin

203

622-9360

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

14 AUG - 8 PM 3:25
RECEIVED
TALLAHASSEE, FLORIDA

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.

FIRST: The name of the limited liability company is: VIA-DE-LINDA LLC

SECOND: The Florida Document number of the limited liability company is: L14000113382

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:

The first listed Authorized Member's name is written as "Laura D. Caravell"

That is a typo

The corrected name is "Laura Daley-Caravella"

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.

Jeffrey A. Slavin Anthony 08/05/14
Signature of Authorized Representative Rep. Date

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