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March 8, 2016

NICHOLAS PEDALINO 337 VIZCAYA DR PALM BEACH GARDENS, FL 33418

SUBJECT: PEDALINO ENTERPISES, LLC

Ref. Number: L14000120833

We have received your document for PEDALINO ENTERPISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00004783

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corporations	•	•	
SUBJECT: Pedalino Enterpises LLC			
DOCUMENT NUMBER: L140001208	me of Corporation		
		C #1: .	
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning	g this matter to t	the following:	
Nicholas Pedalino	· · · · · · · · · · · · · · · · · · ·		
Name of Contact Person	•		
Firm/Company		~-	
337 Vizcaya Drive		_	
Palm Beach Gardens, FL 33418			
City/State and Zip Code nicholas@samjons.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Danielle Lassiter	_{at (} 561	855-4635	
Name of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amou	int:		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status &		
	Cer	tified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		
	Tallahassee, FL 32301		

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: SECOND: The Florida Document number of the limited liability company is: THIRD: (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: <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. \Box Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)