

L14 000 135549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263714298

09/10/14--01025--018 **25.00

SEP 16 2014
T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 10 PM 1:45

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJC5

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:

ANNA TURKINGTON

Name of Person

ALEXANDRE BALLERINI P.A.

Firm/Company

927 LINCOLN ROAD - SUITE 200

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

INFO@ALEXBALLERINIAW.COM

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

For further information concerning this matter, please call:

ALEXANDRE BALLERINI at (305) 5079699

Name of Person 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

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)

FILED
 2014 SEP 10 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**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: MAJC5

SECOND: The Florida Document number of the limited liability company is: L14000135549

THIRD: Document to be corrected is:
AUTHORIZED PERSON(S) DETAIL 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:

INCORRECT STATEMENT - WEINBER, CAROLINE

REASON: TYPED INCORRECTLY

CORRECT STATEMENT - WEINBERG, CAROLINE

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

9/3/2014
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 10 PM 1:45

FILED

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