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(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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COVER LETTER -

	stration Section sion of Corporations						
SUBJECT:	FOREEVER GREEN CLEANING SERVICES LLC						
		Name of Limited Liab	ility Company				
Dear Sir or M	ladam:						
The enclosed	Statement of Correction and fee(s)	are submitted for filing	<u>.</u>				
Please return	all correspondence concerning this	matter to the following	y.				
LUIS R A	VELLO						
	Name of Person		-				
LUIS R A	VELLO PA						
	Firm/Company		-				
7400 SW	50 TER SUITE 301						
	Address		-				
MIAMI FL	. 33155						
	City/State and Zip Code		-				
LUISRAV	ELLOPA@GMAIL.COM						
E-mail	address: (to be used for future annu	al report notification)	-				
For further in	formation concerning this matter, p	olease call:					
LUIS R AVELLO 305		. ,	666-9188				
· ·	Name of Person	Area Code	Daytime Telephone Number				
Registration S Division of C Clifton Build 2661 Executi	orporations		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 S30 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

FIRS'	The name of the limited liability company is: FOREEVER GREEN CLEANING.							
SECO	OND:	he Florida Document number of the limited liability company is:						
THIR	<u>RD</u> :	Document to be corrected is:						
		ARTICLE I (THE NAME OF THE LIMITED LIABILITY COMPANY)						
	<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE	STATEM	1ENT			
/		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ected statement are as follows:						
	1. T⊦	E FIRST WORD OF THE NAME HAS AN EXTR	A LETTER "E"	7				
	2. Th	E CORRECT FIRST WORD OF THE NAME IS	'FOREVER"	SECR	I3S 11			
				TAR	P 5	consiste processe		
				u° U°	- ₽	'		
	<u>OR</u>			STATE	<u>5</u> 131	O		
		efectively signed. The manner in which the documer tion are as follows:	nt was defectively sig	ned and	the app	propriate		
		,			_			
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	<u>OR</u>				-			
	The e	ectronic transmission of the record was defective.						
	tu	à Queco	9-11-14					
Si	gnature	of Authorized Representative	Date					

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)