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FALLAHASSEE FLORIDA



CR2E062 (2/14)

COVER LETTER

('O: Registration Section Division of Corporations

Logistics Stones USA, LLC SUBJECT:							
		Name of Limited Liab	ility 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:							
Alexandra Sierra	-De Varona		_				
	Name of Person		-				
De Varona Law							
	Firm/Company		-				
350 Camino Gardens Blvd., Suite 107							
	Address	-	-				
Boca Raton, FL 33432							
City/State and Zip Code							
asd@devaronalaw.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Alexandra De Varona 561			600-9077				
Nam	e of Person	at (at Code	Daytime Telephone Number				
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33 Enclosed is a check for	ons r Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	■ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to s	section 605.0209, F.S., this document is being submitted	=	-			
FIRS	<u>5T</u> :	The name of the limited liability company is:	s Stones USA, i				
SECOND: THIRD:		The Florida Document number of the limited liability company is: L14000143691 Document to be corrected is:					
	<u>(C</u>	HECK THE APPROPRIATE BOX AND COMPLETE T	HE APPLICABLI	E STATEMENT			
V		ains an incorrect statement. The incorrect statement, the octed statement are as follows:	reason the statem	nent is incorrect, and the			
	Nam	me of the Limited Liability Company was spelled incorrectly					
	The	ne name should be "Logistic Stones USA, LLC" instead of "Logistics Stones					
	USA	SA, LLC"					
							
	<u>OR</u>						
		Was defectively signed. The manner in which the document was defectively signed and the appropriatorrection are as follows:					
	<u></u>						
				O P P			
							
	<u>OR</u>			3: 36 STATE LORIDA			
	The	electronic transmission of the record was defective.		DM (). 간			
	All		9/15/14				
S	ignatur	e of Authorized Representative	Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)