

L 14 000 143691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

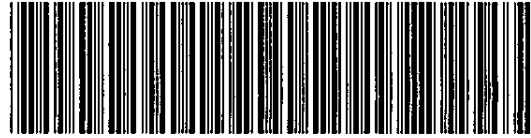
(Business Entity Name)

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TALLAHASSEE, FLORIDA

DEC - 2 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Logistic Stones USA, 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:

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 Sierra-De Varona at (561) 600-9080
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

**SECOND . 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: Logistic Stones USA, LLC

SECOND: The Florida Document number of the limited liability company is: L14000143691

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:

Manager Xavier Gregorio's name was incorrectly spelled. Name should be

Javier Gregorio

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.

ALSD _____ 11/18/14
Signature of Authorized Representative Date

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14 NOV 19 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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