

L14 000151920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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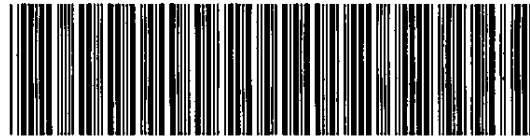
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 21 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SGAL INVESTMENTS 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:

Sebastian Jaramillo, Esq.

Name of Person

Jaramillo & Blaya PA

Firm/Company

66 W Flagler St Suite 500

Address

Miami, FL 33130

City/State and Zip Code

sebastian@lawjlb.com

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

For further information concerning this matter, please call:

Sebastian Jaramillo

305

373-2800

Name of Person

at ( )

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

**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: SGAL INVESTMENTS LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000151920

**THIRD:** Document to be corrected is:  
Electronic Articles of Organization for Florida Limited Liability Company

**(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:

Article IV Names of Managers are incorrect due to typographical error:

"Sonnica Murillo" is incorrect, it should be "Sonnica E Viteri"

"Andres Alvarez" is incorrect, it should be "Andres M Luna"

The error was because they used mother's maiden name in place of last name.


**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

10/07/14  
Date

FILED  
14 OCT 17 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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