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TALLAHASSEE, FLORIDA

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T CLH...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VEDDY DIAZ 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:

Vedernise Diaz Rosario

Name of Person

VEDDY DIAZ LLC

Firm/Company

101 PLACID WOODS CT

Address

SANFORD/FL/32773

City/State and Zip Code

veddydiaz@gmail.com

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

For further information concerning this matter, please call:

Vedernise Diaz

407

314-2808

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)

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2014 OCT 15 AM 9:52
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: VEDDY DIAZ LLC

SECOND: The Florida Document number of the limited liability company is: L14000158321

THIRD: Document to be corrected is:
Article 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:

The LLC has the incorrect name, by mistke I put my nickname instead of my
register name as require by FREC and the DBPR. The correct name on the LLC
is VEDERNISE DIAZ ROSARIO LLC.

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.

Vedernise Diaz
Signature of Authorized Representative

10/14/2014

Date

2014 OCT 15 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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