

L14000165604

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 29 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELBELLA, 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:

TAD GROUND

Name of Person

NUGENT & GROUND, LLC

Firm/Company

2455 E. Sunrise Blvd., Suite 807

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

TAD@NGLAWFL.COM

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

For further information concerning this matter, please call:

TAD GROUND

Name of Person

954

Area Code

537-1717

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: MELBELLA, LLC

SECOND: The Florida Document number of the limited liability company is: L14000165604

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:

THE MGR SHOULD BE CHANGED TO REFLECT "SUE L. YANG".

THERE WAS A CLERICAL ERROR IN THE PROCESSING OF THE
PAPERWORK WHICH LEFT THE "G" OFF HER 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.

Sue L. Yang
Signature of Authorized Representative

10/26/14
Date

2014 OCT 27 P 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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