

214000171931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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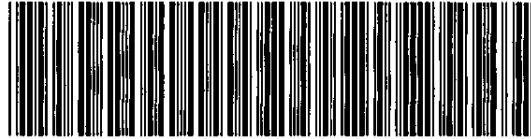
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 25 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAREMONTI, 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:

Nicholas L. Bruce, Esq

Name of Person

Collins, Brown, Caldwell, Barkett, Garvaglia & Lawn

Firm/Company

756 Beachland Boulevard

Address

Vero Beach, Florida 32963

City/State and Zip Code

nbruce@verolaw.com

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

For further information concerning this matter, please call:

Nicholas L. Bruce, Esq.

772

231-4343

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)

**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: MAREMONTI, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000171931

**THIRD:** Document to be corrected is:  
Articles of Organization (Article IV)

**(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 last name for both Managers is spelled incorrectly, it should read GAZZARA.

Also, Michael Gazzara, P.O. Box 6983, Vero Beach, Florida 32961 US, it to be  
added as a Manager for MAREMONTI, LLC.

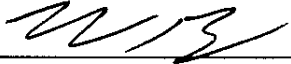
**OR**

- ☐ 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.

  
Signature of Authorized Representative

November 12, 2014

Date

FILED  
14 NOV 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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