

L14 000 177279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

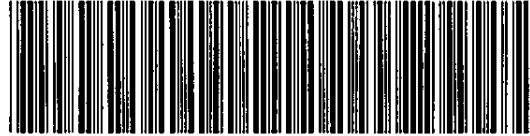
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800266505338

11/21/14--01007--010 \*\*25.00

FILED  
14 NOV 21 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 Shivers DEC 04 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SILVE CANE 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:

MICHAEL CHOLOBEL  
Name of Person

MICHAEL CHOLOBEL, P.A.  
Firm/Company

4300 BISCAYNE BLVD., STE. 205  
Address

MIAMI, FL 33137  
City/State and Zip Code

LAW@CHOLOBEL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CHOLOBEL at ( 305 ) 438 3888  
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

**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: SILVE CARE USA LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000177279

**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:

INCORRECT STATEMENT: SILVE CARE USA LLC

REASON: THE NAME OF THE COMPANY IS MISSING A LETTER: SILVER

CORRECTED STATEMENT: THE NAME OF THE COMPANY

SHOULD BE CHANGED TO SILVER CARE USA 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

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 21 AM 7:30

FILED

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