

1/6/2015

L14000182546

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000003267 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN - 8 AM 8:29

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIZZOLI, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIZZOLI, 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:

MARTIN REYES

Name of Person

SILVAS FINANCIAL SERVICES, LLC

Firm/Company

5220 S UNIVERSITY DR. STE C-102

Address

DAVIE, FL 33328

City/State and Zip Code

ACCOUNTING3@SILVASFINANCIALSERVICES.CO

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

For further information concerning this matter, please call:

ROBERTO PEDERZOLI

305

904-7167

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)

850-617-6381

1/7/2015 9:55:11 AM PAGE

1/001

Fax Server



January 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SILVAS FINANCIAL SERVICES

SUBJECT: PIZZOLI, LLC
REF: L14000182546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000003267
Letter Number: 915A00000254

RECEIVED
15 JAN -8 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H15000003267 3)))

**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: PIZZOLI, LLC

SECOND: The Florida Document number of the limited liability company is: L14000182546

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:

CORRECT EFFECTIVE DAY OF PIZZOLI, LLC IS 12/01/2014.

REMOVE AMGR. ROBERTO PEDERZOLI & REPLACE WITH

SANDRA RECCHIUTI - AS A AMBR OF THE LLC - WITH ADDRESS

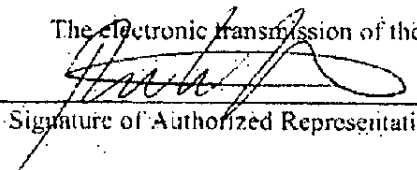
800 E HALLANDALE BEACH BLVD. SUITE 26, HALLANDALE, FL 33009 US

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: 12/1/14

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TALLAHASSEE, FLORIDA

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