## 114000/83/64

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	ge jeg vege ve B. S. de ved gen vegge jedent		
SUBJECT: Fine Folk Pizza  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 DeNunzio Name of Person	19 1000 - 1900 1000 1 - 1910 1000 -		
Fine Folk Pizza Firm/Company			
12000 Country Day Circle			
F1. Myers, FL 33913 City/State and Zip Code			
Fine folk pizza@amail. com  E-mail address: (to be used for future annual report suffication)			
For further information concerning this matter, please call:	4, 346 - 11 141 141 2 3 No. 138 4 14 14 141 141 141 141		
Michael De Nunzis at (609) 233-4932  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 \$\ \text{Certificate of Status} \text{\$\subseteq}\$\$\$ \$55 Filing Fee & \text{Certificate of Status} \$\ \text{Certified Copy} \text{\$\subseteq}\$\$\$\$ \$Certified Copy			

## STATEMENT OF CORRECTION FOR

	FOR F1
Pursuant to	section 605.0209, F.S., this document is being submitted to correct a previously filed document of 5:59
FIRST:	The name of the limited liability company is: Fine Folk Pizzo, VALLE ORIDA
SECOND:	The Florida Document number of the limited liability company is: <u>L14000183</u> 164
THIRD:	Document to be corrected is:
	Articles of Organization for Floricla Limited Liability Compan
((	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ected statement are as follows:
The.	address filed has the address of the LLC as 11300 Lindbergh Blue
#1	address filed has the address of the LLC as 11300 Lindbergh Blue 15, Ft. Myurs, FL 33913. The correct unit is # 114. address should be 11300 Lindbergh Bluel. # 114,
The	address Should be 11300 Lindbergh Rlud # 114
FI	Myers, FL 33913
<u>OR</u>	
	defectively signed. The manner in which the document was defectively signed and the appropriate ection are as follows:
	, qipu tim var i hiqimari —refi@adhandii
<u>OR</u>	
The o	electronic transmission of the record was defective.
A	9/6/15
Signatur	e of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00 \$30 oc \$30.00 (optional)