

L15000010482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

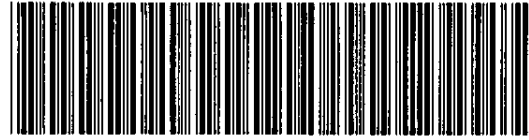
(Business Entity Name)

(Document Number)

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15 FEB -9 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BITTAR, 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:

**ANGELA MACK**

Name of Person

**TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC**

Firm/Company

**2295 S HIAWASSEE RD SUITE 407F**

Address

**ORLANDO FLORIDA 32835**

City/State and Zip Code

**CREATRIX@CFL.RR.COM**

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

For further information concerning this matter, please call:

**ANGELA MACK** at ( 407 ) 403-3339  
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: BITTAR, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000010482

**THIRD:** Document to be corrected is:  
ARTICLE V: The name of person authorized to manage LLC

**(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 name of the person was incorrectly typed please correct as follows:

MGR: MARTA TEIXEIRA BITTA

To

MGR: MARTA TEIXEIRA BITTAR

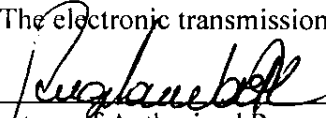
**OR**

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.

 02/05/2015  
Signature of Authorized Representative Date

RECEIVED  
15 FEB - 9 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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