

L15000012683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

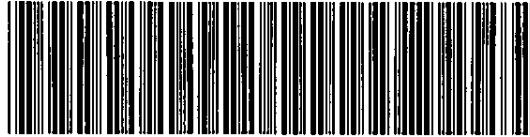
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 11 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Project Delivery Group, 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:

Richard D. Lyons, Esq.

Name of Person

Lyons & Lyons, P.A.

Firm/Company

27911 Crown Lake Blvd., Ste 201

Address

Bonita Springs, FL 34135

City/State and Zip Code

rl Lyons@lyons-law.com

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

For further information concerning this matter, please call:

Richard D. Lyons

239

948-1823

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**

FILED

2015 FEB -2 AM 10: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: The Project Delivery Group, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000012683

**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:

Two of three managers were not named. In addition to John W. Gallo:

Gregory Togel - Manager, 1230 Sweetwater Lane, No. 2204, Naples, FL 34110

John-Carlo Gallo - Manager, 1230 Sweetwater Lande, No. 2204, Naples, FL

34110

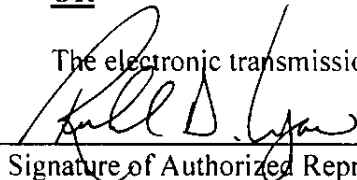
**OR**

- ☐ 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

1/28/2015  
Date

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