

L150000/8887

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000062606 3)))



H150000626063ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : I20020000100  
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: \_\_\_\_\_

RECEIVED

15 MAR 16 AM 10:00

BUREAU OF CORPORATIONS  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIG  
IDEA DESING LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 16 AM 7:21

FILED

((H15000062606 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IDEA DESING 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:

**CARLOS FORERO**

**954**

**213-2345**

at (

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)

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To: Page 2 of 5

2015-03-16 16:14:11 (GMT)

18884011914 From: Silvas Financial Services, LLC

850-617-6381

3/13/2015 7:41:10 AM PAGE

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Fax Server

((H15000062606 3))



March 13, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IDEA DESING LLC  
2107 SW 57 TER  
STE 7  
HOLLYWOOD, FL 33023US

SUBJECT: IDEA DESING LLC  
REF: L15000018887

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

On line three you must list the type of document you are correction.

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.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H15000062606  
Letter Number: 715A00005107

REC-110  
15 MAR 15 AM 10:00  
BUREAU OF CORPORATE  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

((H15000062606 3))

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**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: IDEA DESIGN LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000018887

**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 NAME OF THE LLC ITS AS FOLLOW - IDEA DESIGN 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]  
Signature of Authorized Representative

3/10/15  
Date

**FILED**  
15 MAR 16 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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