

L15000019577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

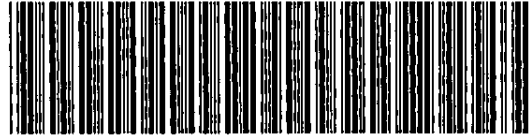
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen FEB 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVPRO RESTORATIONS, 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:

ALEJANDRO S. MARQUEZ VISAEZ

Name of Person

SERVPRO RESTORATIONS, LLC

Firm/Company

8830 SW 123RD COURT, APT. I-207

Address

MIAMI, FL 33186

City/State and Zip Code

ale84marquez@gmail.com

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

For further information concerning this matter, please call:

Alejandro S. Marquez Visaez

at (786)

405-4492

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**

FILED

2015 FEB 10 PM 1:45

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: SERVPRO RESTORATIONS, LLC

SECOND: The Florida Document number of the limited liability company is: L15000019577

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:

There was one manager/member of the organization which was accidentally left c

Title - VP

Name - Jennifer Briyitte Hernandez Mora

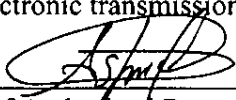
Address - 8830 SW 123rd Court, Apt. I-207, Miami, FL 33186

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

02/06/2015
Date

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