L150000 20414

(Re	questor's Name)		
(Ad	idress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
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(Bu	ısiness Entity Nar	me)	
(Document Number)			
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COVER LETTER

and the	riggar VND Maintananca I	10		
SUBJECT:	VNP Maintenance I	LLO		_
, ; ; ; ; ; ;	J.	Name of Limited Liab	lity Company	
Dear Sir or Madam;				
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filing	<u>.</u>	
Please return all corre	spondence concerning this	matter to the following	; :	
Betty Jean Bake	er .			
	Name of Person		•	
Roberson Assoc	ciates PA			
	Firm/Company		-	
219 Avenue E				
	Address		-	
Apalachicola, F	FL 32320			
	City/State and Zip Code		-	
bettyjean@rapa	- ДИ- icpas.com			
	(to be used for future annua	al report notification)	-	
For further information	on concerning this matter, p	lease call:		
Eduardo Paz Ra	amirez	850	559-4335 Daytime Telephone Number	É.
Nar	me of Person	Area Code	Daytime Telephone Number	15 F
STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	FEB-9 AM 9: 00
■ \$25 Filing Fee	for the following amount: □ \$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

FIRST: SECOND: THIRD:		The name of the limited liability company is: The Florida Document number of the limited liability company is: L15000020414					
							Document to be corrected is: Articles of Organization
		7	Conta	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows: name of the LLC was incorrect due to a typographical error. Article I is			
		by corrected to the CORRECTED NAME of the limited liability company: MAINTENANCE LLC					
		defectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows:					
		15 FEB - 9 AN					
	معدو	electronic transmission of the record was defective. 2/6/15 Part of Authorized Representative Date					

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)