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(Requestor's Name) (Address) (Address)	300269617453
(City/State/Zip/Phone #)	300269617453 02/19/1501024002 **25.00
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

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UNICO FORM ITALY LLC

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SUBJECT:

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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:

Natalie Vaughn

Name of Person

Firm/Company

6470 Longlake Drive

Address

Port Orange, FL 32128

City/State and Zip Code

natalievaughn@icloud.com

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

For further information concerning this matter, please call:

Matthew Krieger		305	674-8472	
Na	ume of Person	Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		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

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:

SECOND: The Florida Document number of the limited liability company is: L15000026211

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:

The name of the Limited Liability Company is incorrect.

The name of the Limited Liability Company should read: UNICO FROM

ITALY LLC

<u>OR</u>

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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The electronic transmission of the record was defective.					The electronic transmission of the record was defective.
02/17/2015					I GUNU G
Signature of Authorized Representative Date				Date	Signature of Authorized Representative

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