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Office Use Only



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COVER LETTER

| Division of | Corporations | | | |
|---|--|----------------------------------|---|--|
| SUBJECT: 1-6 B | ELLA TARA, LLC | | | |
| SUBJECT: | Name of Limited Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Statem | ent of Correction and fee(s) | are submitted for filin | g. | |
| Please return all corr | espondence concerning this | matter to the following | g: | |
| Cory Robins, E | sq. | | _ | |
| | Name of Person | | _ | |
| Law Office of C | ory S. Robins, PA | | _ | |
| | Firm/Company | | - | |
| 3876 Sheridan | Street | | _ | |
| | Address | | | |
| Hollywood, FL | 33021 | | | |
| | City/State and Zip Code | | - | |
| talidavid@aol.c | om | | | |
| E-mail address | (to be used for future annu | al report notification) | - | |
| | | | | |
| For further informati | on concerning this matter, p | olease call: | | |
| Cory Robins, E | sq. | 954 | 983-0144 | |
| Na | me of Person | Area Code | Daytime Telephone Number | |
| STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent 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: | 1 | | |
| 3 \$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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STATEMENT OF CORRECTION FOR FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY SEEL, FLORIDA 05,0209. F.S. this down

| FIRS | <u>ST</u> : | The name of the limited liability company is: 1-6 BELLA TARA, LLC | | | | |
|--------|-------------|---|--|--|--|--|
| SEC | OND: | The Florida Document number of the limited liability company is: L15000026555 | | | | |
| THIRD: | | Document to be corrected is: | | | | |
| | | Articles of Organization | | | | |
| | (CH | HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT | | | | |
| Ø | | ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the cted statement are as follows: | | | | |
| | Article | le VI of the Articles of Organization mistakenly states "Cory S. Robins" | | | | |
| | as the | ne member or authorized representative. The correct person for this entry is | | | | |
| | "Talya | alya Cohen". Accordingly, please update and correct Article VI of the Articles | | | | |
| | of Or | rganization to read "Talya Cohen" | | | | |
| | <u>OR</u> | , | | | | |
| | | defectively signed. The manner in which the document was defectively signed and the appropri ction are as follows: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u>OR</u> | | | | | |
| | The el | electronic transmission of the record was defective. | | | | |
| / | all | 2-5-15 | | | | |
| S | ignature | e of Authorized Representative Date | | | | |

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)