

L15000034358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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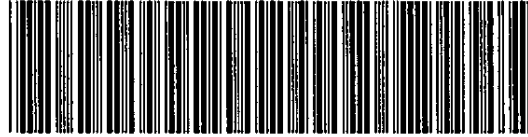
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Bush APR 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N 1st Ave Tucson 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:

Joanne T Wilson
Name of Person

N 1st Ave Tucson LLC
Firm/Company

1002 Washington St
Address

Key West FL 33040
City/State and Zip Code

joanne1kw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne T Wilson at (305) 304-2012
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

**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: N 1st Ave Tucson LLC

SECOND: The Florida Document number of the limited liability company is: L15000034358

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:

Person authorized to manage incorrect
should be

Joanne Tarantino Wilson

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.

J T Wilson
Signature of Authorized Representative

3 / 15
Date

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