L1500036760

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



700270038657

03/06/15--01016--010 **25.00

ALTA LONG TON

35:1 #4 9-

4.7

MAR 25 2015

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations						
GVS TWENTY THREE LLC SUBJECT:						
SOBJECT:		Name of Limited Liab	pility Company			
Dear Sir or Madam:						
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	g.			
Please return all corre	espondence concerning this	matter to the following	g:			
ROBERT MAC	CHIAVERNA					
	Name of Person		-			
Grace hair visio	n studio 23					
	Firm/Company		_			
23097 SW 53 A	ve.		_			
	Address		_			
Boca Raton, Flo	orida 33433		_			
	City/State and Zip Code		_			
bmacch@bellso	outh.net					
E-mail address: (to be used for future annual report notification)						
For further information	on concerning this matter, p	olease call:				
Robert Macchia	iverna	561 at (445-7224			
Nar	me of Person	Area Code	_) Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida 3	ions er 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

Pursua	ant to se	ection 605.0209, F.S., this document is being s	submitted to correct a previously file	d document.		
FIRS'	<u>T</u> :	The name of the limited liability company is	GVS TWENTY THREE LLC	- PH 1: 35		
SECO	<u> </u>	The Florida Document number of the limited	L15000036			
THIRD:		Document to be corrected is:				
		L15000036760 articleIV		_		
	<u>(C</u> 1	IECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATE	MENT		
/		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
	MGR	was added and should be removed.				
	Reme	ove Robert Macchiaverna		_		
	-			_		
				_		
	<u>OR</u>					
		lefectively signed. The manner in which the detion are as follows:	ocument was defectively signed and	I the appropriate		
				_		
				_		
	<u>OR</u>					
	The el	lectronic transmission of the record was defec-	tive.			
	/	Grace Mocchiarerra	3/2/15	<u>.</u>		
Sig	gnature	of Authorized Representative	Date			

Filing Fee: Certified Copy:

\$25.00

opy: \$30.00 (optional)