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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LETTERS MAY 07 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMCONVENTIONS

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:

GREGORY H. SMITH II

Name of Person

HMCONVENTIONS, LLC

Firm/Company

2701 RIO GRANDE DR APT 101

Address

TAMPA FL 33618

City/State and Zip Code

HOLIMATCONVENTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

GREGORY H SMITH II

Name of Person

at (813)

Area Code

505 - 9511

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

**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: HMCONVENTIONS

SECOND: The Florida Document number of the limited liability company is: L15000051844

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:

I forgot to add myself as a manager for the LLC.

New title:

MGRM

Gregory H Smith II

2701 Rio Grande Dr APT 101

Tampa, FL 33618

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.

Gregory H Smith II
Signature of Authorized Representative

04/30/2015
Date

FILED
15 MAY -4 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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