L150000 63151

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COVER LETTER ,

Registration Section

TO:

Division of	Corporations			
	TAMPA LLC			
SUBJEC1:	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statem	ent of Correction and fee(s)	are submitted for filing	2.	
	espondence concerning this			
John M Carr			-	
	Name of Person			
Better Business	s Services, Inc.		_	
	Firm/Company			
PO Box 780637			_	
	Address		• •	
San Antonio, T				
	City/State and Zip Code			
james@bbstax			_	
E-mail address	: (to be used for future annu	al report notification)		
For further informati	ion concerning this matter, p	blease call:		
John M Carr		210 at (694-7884 _)	
Na	ame of Person	Area Code		
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	☐ S55 Filing Fee & Certified Copy	□ \$60 Filing Fec, 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. The name of the limited liability company is:____S.N. TAMPA LLC FIRST: The Florida Document number of the limited liability company is: L15000063151 SECOND: Document to be corrected is: THIRD: Articles Of Organization **ICHECK 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: Article IV - Remove MGRM Eugenia Lutz, 1302 Shelter Rock Rd., Orlando FL 32835 Article IV - Remove MGRM Francisco Lutz, 6409 Wellington Dr., Orlando FL 32819 EIN is 47-3728390 <u>OR</u> 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. 4/16/2015 Signature of Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)