

L15000073178

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2015 MAY 18 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fairfield Holdings, 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:

Otto Hajek

Name of Person

Fairfield Holdings, LLC

Firm/Company

2227 Fairfield Avenue

Address

Sarasota, FL 34232

City/State and Zip Code

ottosre@gmail.com

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

For further information concerning this matter, please call:

Otto Hajek

at ( 801 ) 556-6661

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

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.

**FIRST:** The name of the limited liability company is: Fairfield Holdings, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000073178

**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:

Article V - typographical error: "Hajeck" is a misspelling.

The correct spelling is "Hajek"

**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.

\_\_\_\_\_  
Signature of Authorized Representative

May 4, 2015

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY 18 PM 2:54

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