## 

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(,								
(Document Number)								
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09/29/17--01017--020 \*\*25.00

## **COVER LETTER**

10:	Registration Se Division of Cor							
SUBJE	Fairfi	ield Holdings	s, LLC					
SUBJE	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Statement	of Correction and fee(s) ar	re submitted for filing.					
Please	return all corresp	ondence concerning this m	atter to the following:					
Ott	o Hajek							
		Name of Person						
Fai	irfield Ho	oldings, LLC						
_		Firm/Company						
222	27 Fairfi	eld Avenue						
		Address						
Sa	rasota, l	FL 34232		. ,				
	(	City/State and Zip Code						
ottosre@gmail.com								
E-mail address: (to be used for future annual report notification)								
For fur	rther information	concerning this matter, ple	ease call:					
La	rry Mulc	ock	<sub>at</sub> 801	654-3057				
	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			F C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:								
<b>\$</b> 2	5 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy				
CR2E	062 (9/15)							

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	-	correct mailing address is: 22	ZZ Faimeid Ave	nue, Sarasola, F	ALL SECTION
	Was de as follo	fectively signed. The manner in which the ws:	document was defective	ely signed and the approp	SEP OF STATE FLORIDA
	<u>OR</u>			_	
		ctronic transmission of the record was defe ble Legal Documents LLC, Organizer, by Larry Mul Signature of Authorized Representative		Date	9/26/2017
New Re I hereby provisio obligati	egistered accept ons of all ons of manage	w registered agent, if applicable: (NOTE: it is signation).  Agent's Signature, if changing Registered the appointment as registered agent and age statutes relative to the proper and complet by position as registered agent as provided in the registered office address, I hereby contains the registered office address, I hereby contains the registered office address.	Agent: ree to act in this capaci e performance of my du for in Chapter 605. F.S.	ity. I further agree to com ties, and I am familiar w. Or. if this document is b	ply with the ith and accept the eino filed to merely
		_	ed Agent's Signature		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (o	ptional)	