

L15000100266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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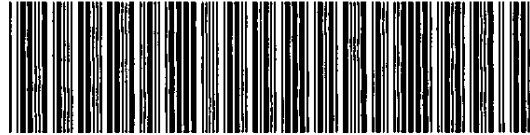
(Business Entity Name)

(Document Number)

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NOTARY PUBLIC
TALLAHASSEE, FLORIDA

JUN 15 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUCCI TRAVEL 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:

CLINTON E BERTUCCI

Name of Person

TUCCI TRAVEL LLC

Firm/Company

11207 CLAYRIDGE DRIVE

Address

TAMPA, FL 33616

City/State and Zip Code

CLINTB321@GMAIL.COM

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

For further information concerning this matter, please call:

CLINTON BERTUCCI

813

992-1940

Name of Person

at ()

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: TUCCI TRAVEL LLC

SECOND: The Florida Document number of the limited liability company is: L15000100266

THIRD: Document to be corrected is:
~~DEED BY ENTITY NAME~~ 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:

THE EFFECTIVE DATE OF THE LLC IS 07/15/2015. THE EFFECTIVE DATE

SHOULD MATCH THE DATE FILED WHICH IS 06/09/2015.

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]
Signature of Authorized Representative

6/11/15
Date

RECEIVED
STATE
FALL ABERDEEN, FLORIDA

15 JUN 12 PM 2:54

FILED

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