

L15000120796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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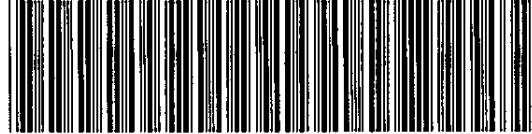
(Business Entity Name)

(Document Number)

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2015 JUL 27 PM 3:03  
TALLAHASSEE, FLORIDA

N. Culligan JUL 28 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NERI LOGISTICS, 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:

DORCAS TROCHE

Name of Person

RCG ACCOUNTING & ASSOCIATES INC.

Firm/Company

9000 SHERIDAN STREET SUITE 138

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

DTROCHE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DORCAS TROCHE

954

862-2222

at ( )

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

**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: NERI LOGISTICS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000120796

**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:

CATALINA SERRANO IS LISTED AS AN AMBR, BUT SHOULD NOT HAVE  
BEEN INCLUDED.

ADDRESSES FOR AUTHORIZED PERSONS IS INCORRECT. SHOULD BE:  
2700 GLADES CIRCLE, SUITE 156, WESTON, FL 33327

**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.

Catalina Serrano  
Signature of Authorized Representative

07-22-2015

Date

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2015 JUL 27 PM 3:03

FILED

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