

08/14/2003

05:12

#5925 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000187319 3)))



H150001873193ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LILLIVA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 AUG -3 PM 4:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 AUG -3 AM 6:57

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

06/14/2033 05:25

#5925 P.002/003

H15000187319

06/03/2033 06:15

#5580 P.001/002

**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: Lilliva, LLC

SECOND: The Florida Document number of the limited liability company is: L15000130267

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:

Name to be corrected
from Lilliva, LLC. to
Liliva, LLC

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.

Yvana Hernandez
Signature of Authorized Representative

July 27, 2015
Date

15 AUG -3 AM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000187319