

L15 000 170936

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JORGE L. GURIAN P.A.
Account Number : I20010000123
Phone : (305) 279-4101
Fax Number : (305) 279-1489

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

Email Address: JGURIAN@Pr-firm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRESCA GREENS LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRESCA GREENS 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:

IRMA GOMEZ

Name of Person

FOWLER RODRIGUEZ LLP

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 801

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JGURIAN@FRFIRM.COM

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

For further information concerning this matter, please call:

IRMA GOMEZ

Name of Person

786

Area Code

364-8461

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)

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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: FRESCA GREENS LLC

SECOND: The Florida Document number of the limited liability company is: L15000130930

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:

The last name of one of the Manager's was incorrect - ELIAS HERRERA.

Reason: Article IV of the Articles of Organization were completed incorrectly.

The correct last name is SERRANO; the Manager's correct full name is

ELIAS SERRANO.

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

AUGUST 7, 2015
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 11 AM 7:06
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