

L15000 141584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

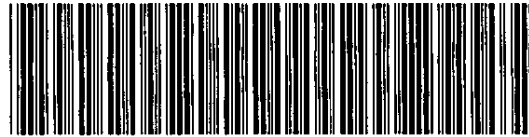
(Business Entity Name)

(Document Number)

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15 AUG 31 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 02 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPLAST 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:

BRIAN G. BECKER, ESQ.
Name of Person

BECKER & ASSOC. PA
Firm/Company

5301 N. Federal Hwy #260
Address

Boea Lake, FL 33487
City/State and Zip Code

brian@bgbimmigration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IOANA SPIRACHE at (561) 674-0080
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: SUPLAST LLC

SECOND: The Florida Document number of the limited liability company is: L15000141584

THIRD: Document to be corrected is:
ELECTRONIC ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

(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 THE REGISTERED AGENT
IS MISPELLED. IT SHOULD BE "FLOREZ"
NOT "FLORES".

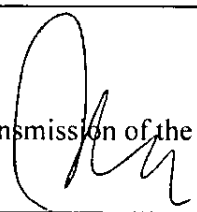
OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
AUG 31 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

The electronic transmission of the record was defective.



08/26/15

Signature of Authorized Representative

Date

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