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K.SALY EXAMINER FEB 17

## COVER LETTER

	istration Sec sion of Corp			·
SUBJECT:	_5C	GUTIDA	HER, LL(	ity Company
Dear Sir or M	ladam:			
The enclosed	Statement of	of Correction and fee(s) ar	e submitted for filing.	
Please return	all correspo	ndence concerning this m	atter to the following:	
Varc	nica	Name of Person		
		Firm/Company		
16 19	bdric	d Cane		
Davie	.,FL ci	33334 ty/State and Zip Code		
E-mail	GOS address: (to	be used for future annual	OO COO	
For further in	ica L	oncerning this matter, plea	at(_75Y_)	214-8612
	Name o	t Person	Area Code	Daytime Telephone Number
STREET/CO Registration of C Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center C	ircle	R E P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
Enclosed is a	check for	the following amount:		
\$25 Filin	g Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

## STATEMENT OF CORRECTION

	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2016 CC.
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: CGUTIDAHER, LUCLAHASSEE, FLORIDA
SECON	D: The Florida Document number of the limited liability company is: 11600026414
<u>THIRD</u>	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:
( 	One of the names of the MGB was spelled wrong. Showing an statement Gutierrez Daher, Scalatet Elena. IT should be: Gotierrez Daher, Scalatet Elena.
•	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.  OCONCOLEOGESE  OZ/12/16
	Signature of Authorized Representative Date
	e of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
I hereby provision obligation	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange.  Registered Agent's Signature

Certified Copy:

Filing Fee: