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COVER LETTER

то:	Division of	n Section f Corporations				Λ.		
SUBJEC	CT:	CONSUMER	GLOBA	L SOLUTION	US	ue		
			Nai	me of Limited Liabil	ity Co	mpany		
Dear Sir	or Madam	:						
The encl	losed Stater	nent of Correction a	ind fee(s) are	submitted for filing.				
Please return all correspondence concerning this matter to the following:								
Lu	is PE	LAEB						
••••		Name of Pers						
CONSUMER GLOBAL SOLUTIONS LLC								
		Firm/Compar	ıy					
14	329	COMMERCE	WAY					
7		Address						
Hi	DMI (AKES F	<u>.</u> . 3	3016				
		City/State and Zip						
LUISPELZZA YAHOO.COM								
E-	mail addres	s: (to be used for fu	ture annual re	eport notification)				
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1	uis P	51052		at (305)	7	205 1315		
		lame of Person		at (> 0 >) Area Code		Paytime Telephone Number		
Registra Division Clifton 2661 Ex	T/COURI ation Section of Corpor Building secutive Ce ssee, Florid	ations nter Circle		! ! !	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314		
Enclose	ed is a chec	k for the following	amount:					
\$25	Filing Fee	S30 Fili Certificate o		\$55 Filing Fee & Certified Copy	C	\$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

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: CONSUMER GLOBAL SOLUTIONS LLC The Florida Document number of the limited liability company is: L 16000172937 SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION . THIRD: (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: SHOW A DUPLICATE INFORMATION. PLEASE CORRECT IT AS FOLLOWS: AND HENRY ROGER (MOR) LUIS PELAEZ SZ. (MGR) BOTH SAME ANDRESS: 14329 COMMERCE OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR \Box The electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. LUIS PELAET Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)