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APR 10 2017 S. YOUNG



#### **COVER LETTER**

TO: Registration Section

Division of Corporations

# METALVET PROPERTIES

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:

## JULIANA H PIETA

Name of Person

## TAX CONTROLLER INC

Firm/Company

750 E SAMPLE ROAD, BLDG 3 BAY 5

Address

# POMPANO BEACH, FL 33064

City/State and Zip Code

#### ROSANGELA@TAXCONTROLLER.COM

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

For further information concerning this matter, please call:

## JULIANA H PIETA

301-1848

Name of Person

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 (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.

		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	
		Registered Age	_	
		Registered Age	nt's Signature	
New Regi I hereby a provisions obligation	istered Agent's Signat accept the appointment as of all statutes relative as of my position as re thange in the registere	e to the proper and complete perfo gistered agent as provided for in C	act in this capacity. I further agree to comprance of my duties, and I am familiar withapter 605, F.S. Or, if this document is he that the limited liability company has been	th and accept the sing filed to merely
Signature	of new registered age the designation).	nt, if applicable :( NOTE: if correc	ting the registered agent, the new registere	ed agent must sign
_	Signature of	Authorized Representative	04-04-( Date	<u>+</u>
т	he electronic transmis	ssion of the record was defective.		<b>અ</b> ∵ૄ© ٦
	<u>DR</u>			7: 3 1:3
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-	<u>DR</u>		1	
F -	PLEASE CORRE	CT AND CHANGE THE EFF	ECTIVE DATE TO 01/01/2017.	
	- 417 17		ZATION WITH THE EFFECTIVE DATE OF 12/13	/2016.
	Contains an incorrect s tatement are as follow		the reason the statement is incorrect, and	the corrected
	(CHECK THE A	APPROPRIATE BOX AND COM	1PLETE THE APPLICABLE STATEM	<u>ient</u>
THIRD:	Document to l	pe corrected is: ARTICLES OF (	ORGANIZATION FOR FLORIDA	LLC
SECONE	<u>):</u> The Florida D	ocument number of the limited liab	ility company is: L160002255	95
FIRST: T	he name of the limite	d liability company is: META	LVET PROPERTIES L	<u>LC</u>