

L16000229603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

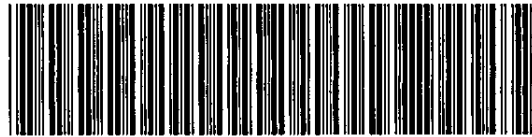
(Document Number)

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CORRECTIONS PER CONVERSATION  
WITH JULIANN  
2/28/2017 KS

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2017 FEB 27 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 28 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOSCANO INVESTMENTS SERVICES AND MANAGEMENT GROUP 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:

**GIL611@LIVE.COM**

Name of Person

**GFS TAX & ACCOUNTING SERVICES**

Firm/Company

**2005 W CYPRESS CREEK ROAD STE 100**

Address

**FORT LAUDERDALE, FL 33309**

City/State and Zip Code

**GIL611@LIVE.COM**

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

For further information concerning this matter, please call:

**GIL611@LIVE.COM**

Name of Person

**954**

Area Code

**9408322**

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:

TOSCANO INVESTMENT SERVICES AND MANAGEMENT GROUP LLC  
TALLAHASSEE, FLORIDA

**SECOND:**

The Florida Document number of the limited liability company is:

L16000229603

**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:

NAME OF AMBR IS INCORRECT SPELLED A, NNA T DE MOURA. CORRECT SPELING IS ANNA T DE MOURA

NAME OF OTHER AMBR IS MISSING LETTERS: EPP IN THE END OF NAME

CORRECT NAME IS ANNA KARINA TOSCANO DE MOURA - EPP +

ANNA T. DE MOURA'S ADDRESS: 12692 LITTLE PALM LN, BOCA RATON FL 33428  
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.

ANNA T DE MOURA

02/22/2017

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.*

\_\_\_\_\_  
Registered Agent's Signature

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