

L1700007H32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

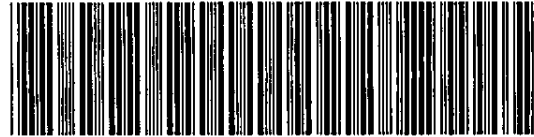
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305662253

11/17/17--01011--017 **52.50

12/08/17--01004--002 **7.50

FILED
17 DEC -6 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONS

DEC 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

JOSEPH ROGERS
8701 W IRLO BRONSON MEMORIAL HWY
STE 136
KISSIMMEE, FL 34747

SUBJECT: PIETRA PARTNERS LLC
Ref. Number: L17000071432

We have received your document for PIETRA PARTNERS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00023503

RECEIVED
2017 DEC -6 PM 4:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PIETRA PARTNERS 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:

JOSEPH B ROGERS

Name of Person

PIETRA PARTNERS LLC

Firm/Company

8701 W IRLO BRONSON MEMORIAL HWY, STE 136

Address

KISSIMMEE, FL 34747

City/State and Zip Code

SAFDAR@FLORIDASCANDI.COM

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

For further information concerning this matter, please call:

SAFDAR ALI

Name of Person

407

Area Code

982-7224

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: PIETRA PARTNERS LLC

SECOND: The Florida Document number of the limited liability company is: L17000071432

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:

INCORRECT PERSON(S) AUTHORIZED TO MANAGE LLC - JOSEPH B ROGERS, JANNE DALEN, FABIANO G SARDINHA

CORRECTED STATEMENT: PERSON OR ENTITY AUTHORIZED TO MANAGE LLC - FLORIDA SCANDINAVIAN VACATION HOMES AND MANAGEMENT LLC

ADDRESS: 8701 W IRLO BRONSON MEMORIAL HWY, STE 136, KISSIMMEE, FL 34747

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.

Signature of Authorized Representative

12/14/2017

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)