

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001085583)))



H100001085583ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS, LINDSAY & CHAUNCEY, PA

Account Number : 072100000047 Phone : (561)659-1770

Phone : (561)659-1/70 Fax Number : (561)833-2261

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Clyne @ amrl. c

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

APR 0 5 2018 FARIGLIONI HOLDINGS, LLC

 Certificate of Status
 Uff
 0

 Certified Copy
 0

 Page Count
 03 2

 Estimated Charge
 \$25.00

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

۾

1/1

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED: LIABILITY COMPANY

Pursuant to	section 605.0209, F.S., this document is being submitt	ted to correct a previously filed document.
FIRST: The	e name of the limited liability company is: Fariglic	oni Holdings, LLC
<u> </u>	b data of the matter having company is.	
SECOND:	The Florida Document number of the limited liab	bility company is: L18000077701
THIRD:	Document to be corrected is: Articles of C	Organization
<u> </u>		
	(CHECK THE APPROPRIATE BOX AND COM	MPLETE THE APPLICABLE STATEMENT
stat	tement are as follows:	, the reason the statement is incorrect, and the corrected $\frac{2\pi i}{2\pi}\frac{1}{2} = \frac{1}{2}\frac{1}{2}$
T	he name is incorrect. The correct	t name of the company is:
F	araglioni Holdings, LLC	4
OR		
☐ YX/o	s defectively signed. The manner in which the docum	tent was defectively signed and the appropriate correction as
	follows:	cell 14:3 doctorivory signed that the appropriate approvings a
		पुरा है
OR		
	e electronic <u>transmi</u> esiop of the record was defective.	
	M 1 At 7	4/01.0
	Signature of Authorized Representative	7/3//8
	\[\frac{1}{2}\]	
	f new registered agent, if applicable :( NOTE: if come on the designation).	ring the registered agent, the new registered agent must sign
• -	-	
New Registe I hereby acc	ered Agent's Signature, if changing Registered Agent; cept the appointment as registered agent and agree to	act in this capacity. I further agree to comply with the
provisions of	of all statutes relative to the proper and complete perfo	ormance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merel
reflect a cha	ange in the registered office address, I hereby confirm	that the limited liability company has been notified in writin
of this chang	ge.	
		1 00 - 1
	Rogistered Age	ent's organitie
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)