

L18000135340

Susan G. Etheridge  
(Requestor's Name)

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(Business Entity Name)

(Document Number)

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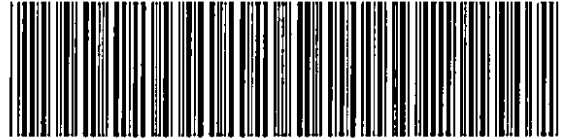
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

nm 8/3/18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vimergy 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:

Susan G. Etheridge, Esq.

Name of Person

Susan G. Etheridge, P.A.

Firm/Company

P.O. Box 320732

Address

Tampa, FL 33679

City/State and Zip Code

susan@sgelawfirm.com

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

For further information concerning this matter, please call:

Susan G. Etheridge, Esq. at ( 813 ) 444-3033

Name of Person

Area Code

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: Vimergy LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000135340

**THIRD:** Document to be corrected is: Articles of Merger For Florida Limited Liability Company

**(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:

The "SIXTH" paragraph failed to include the delayed effective date of the merger. This paragraph as corrected should state:

"If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than

90 days after the date this document is filed by the Florida Department of State: September 1, 2018."

**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

8/2/18

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)**