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COVER LETTER

TO: Registration Section Division of Corporations GIUSEPPE DEGANUTT 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: GUSTAVO FUNES Name of Person GIUSEPPE DEGANUTTI LLC Firm/Conmany 2001 BISCAYNE BLVD 3607 Address MIAMI FL. 33137 City/State and Zip Code ADHARAESTEVES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADHARA ESTEVES 343-2366 Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee **\$30** Filing Fee & \$55 Filing Fee & S60 Filing Fee. Certificate of Status

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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: GIUSEPPE DEGANUTTI LLC The Florida Document number of the limited liability company is: L19000173734 SECOND: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT $[\lambda]$ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: NAME OF LLC HAS TO BE CORRECTED TO: GIUSEPPE DEGANUTTI LLC ORWas defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> X The electronic transmission of the record was defective. GUSTAVO FUNES 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: Thereby 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

\$30.00 (optional)

Certified Copy: