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## COVER LETTER

TO: Registration 9 Division of C			
	A&A LLC		
SUBJECT:	UBJECT: Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Statemen	nt of Correction and fee(s) a	are submitted for filing	<u>ų</u> .
Please return all corre	spondence concerning this r	natter to the following	<u>;</u> :
AGUSTIN ALFONSO	) NUNEZ		
	Name of Person	-	-
	Firm/Company		-
822 E 31 ST			
	Address		-
HIALEAH FL-33013			
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-
agustindiany1967@gi	nail.com		
E-mail address:	to be used for future annua	report notification)	-
For further informatio	n concerning this matter, pl	ease call:	
AGUSTIN ALFONSO		786	5234442 Daytime Telephone Number
Nam	e of Person	at (	Daytime Telephone Number
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or 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

CR2E062 (9/15)

## 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: NUNEZ A&A LLC The Florida Document number of the limited liability company is: L21000200998 SECOND: Document to be corrected is: NAME OF MGR THIRD: (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 FULL NAME OF MGR IS AGUSTIN ALFONSO NUNEZ BUT ONLY SAY ALFONSO NUNEZ FOR MISTAKE OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 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. Thereby 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)

CR2E062 (9-15)