

(shown below) on the top and bottom of all pages of the document.

(((H21000268734 3)))



H210002687343ABC0

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

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)214-8442

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

Email	Address:	
-------	----------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. <u>FIRST</u>: The name of the limited liability company is: ___ The Florida Document number of the limited liability company is: SECOND: Document to be corrected is:_____Articles Of Amendment to Articles of Organization 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 Names of the previously added Managers should reflect as follows: Lucio Baltazar Travella Magaz & Maria Teresa Dionisia Massey. <u>OR</u> ☑ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OK **3** 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, the new registered agent, and applicable in the new registered agent. 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.

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Heltzman, Attorney Inf