## L230000 49855

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## **COVER LETTER**

Division of Corporations			
SUBJECT: Dliva Pro Construction Name of Limited Liab	Dility Company		
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are submitted for filing	g.		
Please return all correspondence concerning this matter to the followin	g:		
Yanara Rujes Name of Person	_		
5492 Carrollwood Wiadows Dr Address	_		
Address  Tampa FL, 33625  City/State and Zip Code	_		
E-mail address: (to be used for future annual report notification)	<del>-</del>		
• ·····			
For further information concerning this matter, please call:  Notary Public State of Florida  Yanara Reyes  My Commission HH 349228  Name TAPASON/11/2027  Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
\$30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		

CR2E062 (9/15)

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

Pursuant	nt to section 605.0209, F.S., this document is being submitted to corre	ect a previously filed document.
FIRST:	: The name of the limited liability company is: Disa V	o Construction UC
SECON.	ND: The Florida Document number of the limited liability comp	pany is: <u>(23000049855</u>
THIRD:	Q - 1 1 A A	Name/Anthrorial Person(CE
<u>1111KD</u> .	· ·	· ·
	(CHECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason statement are as follows:	n the statement is incorrect, and the corrected
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	Registeral Heat Name is Ulive	2 Figs, Solvey 19
Ľ	Huthorized Person (CEO) is OLIVE	2 hanes vorge H
	<u>OR</u>	1
	Was defectively signed. The manner in which the document was de	efectively signed and the appropriate correction are
	as follows:	
•		E. F. 12: 1
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	<u>OR</u>	
	The electronic transmission of the record was defective.	
	MY0#	2-3-23
	Signature of Authorized Representative	Date
	ure of new registered agent, if applicable :( NOTE: if correcting the re	egistered agent, the new registered agent must sign
•	ing the designation).	
I hereby	tegistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this	capacity. I further agree to comply with the
provision obligație	ions of all statutes relative to the proper and complete performance of tions of my position as registered agent as provided for in Chapter 60	f my duties, and I am familiar with and accept the 15, F.S. Or, if this document is being filed to merely
reflect a of this cl	a change in the registered office address, I herely confirm that the li	mited liability company has been notified in writing
-(r e)		
	Registered Agent's Signa	ature
	Filing Fee: \$2	5.00
		0.00 (optional)