

# L24000043946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 FEB 15 PM 3:05

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$30.00**

Authorization Signature: 

**BUSINESS NAME**

**DOCUMENT #**

**RIO VENTURE LLC**

**L24000043946**

☐ Certified Copy

**X Certificate of Status**

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

**X Statement of Correction**

**OTHER FILINGS**

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIO VENTURE 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:

CAROLYN A SIERK CPA

Name of Person

SIERK & ASSOCIATES PA

Firm/Company

11490 OKEECHOBEE BLVD STE 5

Address

ROYAL PALM BEACH FL 33411

City/State and Zip Code

ADMIN@SIERKCPA.COM

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

For further information concerning this matter, please call:

CAROLYN A SIERK CPA

561

791-0645

Name of Person

at (

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:

☐ \$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: RIO VENTURE LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000043946

**THIRD:** Document to be corrected is: ARTICLE IV

**(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:

SAMI SEHAYIK IRREVOCABLE TRUST SHOULD BE:

SAMI SEHAYIK REVOCABLE TRUST

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.

Carolann A. Suck CPTA

Signature of Authorized Representative

2/15/24

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)

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2024 FEB 15 AM 9:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA