

# M14000006542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

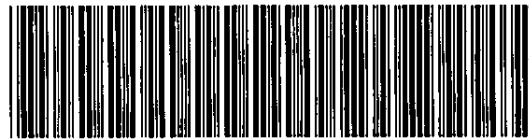
(Business Entity Name)

(Document Number)

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09/29/14--01045--007 \*\*25.00

FILED  
2014 SEP 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT - 9 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CBO SOLUTIONS 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:

Manoela Corradi

*Name of Person*

CBO SOLUTIONS LLC

*Firm/Company*

7969 NW 2nd St #541

*Address*

Miami Florida 33126

*City/State and Zip Code*

mauricio@nuagelabs.com

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

For further information concerning this matter, please call:

Manoela Corradi

at ( 786 )

800-8558

*Name of Person*

*Area Code*

*Daytime Telephone Number*

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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**

**FILED**  
2014 SEP 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CBO SOLUTIONS LLC

**SECOND:** The Florida Document number of the limited liability company is: M14000006542

**THIRD:** Document to be corrected is:  
Articles of Organization/

**(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 wrong company was used as the Authorized Manager

Global Vapor Holdings LLC 12864 Biscayne Blvd #438 North Miami Beach FL

The Correct company as the Authorized Manager:

SP Capital Financial LLC, 444 Brickell Ave Suite 51 Miami Florida 33131

**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.

Mamelle Couads

09-26-2014

Signature of Authorized Representative

Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**