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OCT - 9 2014

# **COVER LETTER**

TO: Registration Section Division of Corporations

# CBO SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manoela Corradi

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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 Corra	di	<b>786</b>	800-8558		
Name of Person		Area Code	e 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 DU
Pursuant to se	ection 605.0209, F.S., this document is being submitted to correct a previously The name of the limited liability company is:CBO SOLUTIONS LLC	Filed document. PM 3:00 FALLAHASSEE, FLORIDA
<u>SECOND:</u>	The Florida Document number of the limited liability company is:	006542

**<u>THIRD</u>**: 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

# <u>OR</u>

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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.

Manpile Congo

09-26-2014

Signature of Authorized Representative

Date

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