

L14 0000 82688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

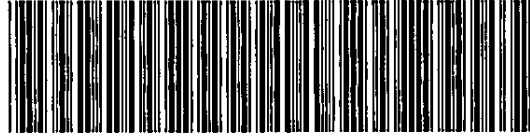
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15 DEC 21 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015
N. CAUSSEAU

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

FREDY DELLIS
11691 SW 93RD ST
MIAMI, FL 33176

SUBJECT: THEGENIELAB LLC
Ref. Number: L14000082688

We have received your document for THEGENIELAB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00023812

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THEGENIELAB LLC

Name of Corporation

DOCUMENT NUMBER: L14000082688

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fredy Dellis

Name of Contact Person

THEGENIELAB LLC

Firm/Company

11691 SW 93rd ST

Address

Miami, FL 33176

City/State and Zip Code

fdellis@thegenielab.com

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

For further information concerning this matter, please call:

Fredy Dellis

Name of Contact Person

at (**786**) **556 1832**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: THE GENIE LAB LLC

SECOND: The Florida Document number of the limited liability company is: L 14000082688

THIRD: Document to be corrected is: Electronic 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:

Article V : Name & address of person authorized to
manage LLC : Title : MGR is incorrect .
Should be Title : MMGR

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.

Signature of Authorized Representative

Date

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15 DEC 21 AM 10:33
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TALLAHASSEE, FLORIDA

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)