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## **COVER LETTER**

	Registratión Division of	Section Corporations				
SUBJEC'	Des C	Charmants Chiens	s, LLC			
БС- <b>В</b> ФЕС	Name of Limited Liability Company					
Dear Sir c	or Madam:					
The enclo	sed Statem	ent of Correction and fe	ee(s) are submi	tted for filing	g.	
Please ret	urn all corre	espondence concerning	g this matter to	the following	g: g:	
Elizabe	th Del R	io-Henrich				
		Name of Person		<del></del>	_	
DHHS	Law					
		Firm/Company			-	
255 Un	iversity [	Orive				
		Address	<del></del>		-	
Coral C	Gables, F	L 33134				
		City/State and Zip Cod	le		-	
goldena	advice@	gmail.com				
E-m	ail address:	(to be used for future	annual report n	otification)	_	
For furthe	er informati	on concerning this mat	ter, please call:			
T. Irene	e Ross-G	Franot	at (	786	543-3099	
	Na	me of Person	at (	Area Code	Daytime Telephone Number	
Registrati Division of Clifton Bo 2661 Exec	on Section of Corporat	er Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	is a check	for the following amo	ount:			
□ \$25 Fil	_	□ \$30 Filing Fee & Certificate of State	tus Certif	iling Fee & ied Copy	□ \$60 Filing Fee, Certificate of Status &	
Dryab CR2E062	(2/14)	Horida Di	vision	of co	rporation	

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

<u>FIRS</u>	<u>T</u> :	The name of the limited liability company is: Des Charmants Chiens, LLC				
SECO	OND:	The Florida Document number of the limited liability company is:	76			
<u>rhif</u>	<u>RD</u> :	Document to be corrected is:  Articles of Organization	_			
<b>V</b>	Conta	tains an incorrect statement. The incorrect statement, the reason the statement is incepted statement are as follows:  original Articles of Organization listed the company as an L.C. The purpose	orrect, and th			
		nis correction is to correct the name to an LLC pursuant to the Articles of anization.				
<b>¬</b>	OR Was a	defectively signed. The manner in which the document was defectively signed and	the approprie			
		ection are as follows:				
		SECRETARY OF EALLAHASSEE.				
	OR The e	electronic transmission of the record was defective.	<b>©</b>			
	3	re of Authorized Representative  Date  Date	15			

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