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COVER LETTER

Division of 0	Corporations		
SUBJECT:	LEILA & II	DEAN, LLC	
	(Name o	of Limited Liability Con	mpany)
Dear Sir or Madam:			
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this	s matter to the following	g:
FIROUZEH	TOUTOUNCHIAN		_
LEILA &@ID	(Name of Person) EAN, LLC		
	(Firm/Company)	y y	-
PO.BOX 730	717		
	(Address)		-
ORMOND BEA	CH,FL 32173		,
	(City/State and Zip Code)		-
For further information	on concerning this matter, p	please call:	
HAMID TOUT	OUNCHIAN	at (_386	₎ 527-9787
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3 Enclosed is a check	ions er Circle	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

TO:

Registration Section

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	: The name of the limited liability company is: LEILA & IDEAN, LLC		_			
SECO:						
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT				
KX	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	SUNJECT: NAME CORRECTION TO BE MADE					
	PLEASE CHANGE MY FIRST NAME FROM: FAY TOUTOUNCHI	AN TO:				
	FIROUZEH TOUTOUNCHIAN.		_			
	OR Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and				
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		E FLOR S				
Dated:	<u>oll4-2009</u>	ATE	ა ~~ ი			
	J. Litelian					
	Signature of a member or authorized representative of a member					
	Finauzeth Toutounchica					
	Typed or printed name of signee					
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					

Electronic Articles of Organization For Florida Limited Liability Company

L09000003478 FILED 8:00 AM January 12, 2009 Sec. Of State tcline

Article I

The name of the Limited Liability Company is: LEILA & IDEAN, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1457 N.US HWY 1 23 ORMOND BEACH, FL. 32174

The mailing address of the Limited Liability Company is:

PO BOX 730717 ORMOND BEACH, FL. 32173

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

HAMID TOUTOUNCHIAN 1 OCEANS WEST BLVD, 19A5 DAYTONA BEACH SHORES, FL. 32118

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: HAMID TOUTOUNCHIAN

Article V

The name and address of managing members/managers are:

Title: MGR FAY TOUTOUNCHIAN 839 CLEAR LAKE DR. PORT ORANGE, FL. 32127

Title: MGR HAMID TOUTOUNCHIAN 1 OCEANS WEST BLVD, # 19A5 DAYTONA BEACH SHORES, FL. 32118

Article VI

The effective date for this Limited Liability Company shall be: 01/12/2009

Signature of member or an authorized representative of a member

Signature: HAMID TOUTOUNCHIAN

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