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FILED
10 SEP - 7 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Mamma Rhonda LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Edward Reyes

Name of Person

Firm/Company

8322 N. Habana Ave

Address

Tpa FL 33614

City/State and Zip Code

Reyesoptions@gmail.com

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

For further information concerning this matter, please call:

Edward Reyes at 813 967 3294

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

CR2E062 (08/05)

Corp. File # L10000090343

**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:

SECOND: The articles of organization or the application to transact business

(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:

I misspelled the corporation name
by accident instead of Mamma, I wrote
Mamma. Please update to Mamma Rhonda LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____

Signature of a member or authorized representative of a member

Edwina Reyes

Typed or printed name of signee

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

FILED
10 SEP -7 AM 10:14
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000090343
FILED 8:00 AM
August 27, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

MAMMA RHONDA LLC

Article II

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

8322 N. HABANA AVE.
TAMPA, FL. 33614

The mailing address of the Limited Liability Company is:

P.O BOX 153191
TAMPA, FL. 33684

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS. TO MAKE A SAUCE FOR FOOD
PRODUCTS

Article IV

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

EDWARD J REYES
8322 N. HABANA AVE.
TAMPA, FL. 33614

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: EDWARD REYES

Article V

The name and address of managing members/managers are:

Title: MGR
TAYLOR RHONDA
P.O BOX 153191
TAMPA, FL. 33684

L10000090343
FILED 8:00 AM
August 27, 2010
Sec. Of State
nculligan

Article VI

The effective date for this *Limited Liability Company* shall be:

08/27/2010

Signature of member or an authorized representative of a member

Signature: EDWARD REYES