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(Requestor's Name)

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(City/State/Zip/Phone #)

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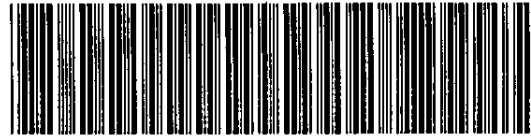
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malachite Naturals Boutique, 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:

Aisha Darby
Name of Person

Malachite Naturals Boutique, LLC
Firm/Company

7427 Dragon Fly Loop
Address

Gibsonton, FL 33534
City/State and Zip Code

malachite naturals@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aisha Darby at (813) 951-5593
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

**ARTICLES OF CORR
FOR
FLORIDA OR FOREIGN LIMITED LI**

Pursuant to section 608.4115, F.S., this document is being s
business days to correct the attached articles of organizatio
in Florida.

FIRST: The name of the limited liability company is:
MALACHITE NATURALIS BOUTIQUE, LLC

SECOND: The articles of organization or the application to i

(CHECK THE APPROPRIATE BOX AND COMPLETE THE

☒ Contains an incorrect statement. The incorrect statement, ti
incorrect, and the corrected statement are as follows:

Aisha Darby is A
MANAGING MEMBER
Please Correct

OR

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

Dated:

January 24, 13
Aisha Darby

Signature of a member or authorized representative of a member

Aisha Darby

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA