

#L13000090725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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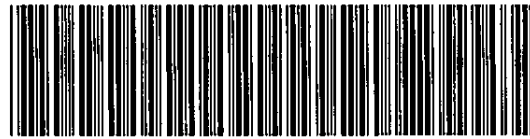
(Business Entity Name)

(Document Number)

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13 JUL - 1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL - 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Barnett Capital Insurance
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:

Andrew Carrillo
Name of Person

Barnett Capital Insurance
Firm/Company

1450 Birchell Ave # 2780
Address

Miami, FL 33131
City/State and Zip Code

Carrilloandrew6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Carrillo at (954) 864-0030
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 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.

FILED
13 JUL -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
BARNETT CAPITOL INSURANCE, LLC

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:

please make Jose Carrillo Managing Member
as well instead of Manager.

OR

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

Dated: 6/26/13 2013

[Signature]
Signature of a member or authorized representative of a member

Andrew Carrillo
Typed or printed name of signee

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

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

**L13000090725
FILED 8:00 AM
June 24, 2013
Sec. Of State
clewis**

Article I

The name of the Limited Liability Company is:
BARNETT CAPITAL INSURANCE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1450 BRICKELL AVE
2780
MIAMI, FL. 33131

The mailing address of the Limited Liability Company is:
1450 BRICKELL AVE
2780
MIAMI, FL. 33131

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:
ANDREW E CARRILLO
1450 BRICKELL AVE
SUITE 2780
MIAMI, FL. 33131

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: ANDREW CARRILLO

Article V

L13000090725
FILED 8:00 AM
June 24, 2013
Sec. Of State
clewis

The name and address of managing members/managers are:

Title: MGRM
ANDREW E CARRILLO
485 BRICKELL AVE SUITE 4207
MIAMI, FL. 33131 US

Title: MGR
JOSE D CARRILLO
11323 N.W. 58TH TERRACE
MIAMI, FL. 33178

Article VI

The effective date for this Limited Liability Company shall be:

07/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: ANDREW E. CARRILLO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.