

13 0000 91588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249409661

07/05/13--01015--005 **25.00

FILED
13 JUL -5 PM 12:58
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

JUL 09 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Canalytics Pro 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:

Rafael Castillo

Name of Person

Canalytics Pro LLC

Firm/Company

12741 SW 42 St #303

Address

Miami, FL 33175

City/State and Zip Code

ralphc@canalyticspro.com

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

For further information concerning this matter, please call:

Rafael Castillo

Name of Person

at (305) 878-1978

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

FILED
13 JUL -5 PM 12:58
TALLAHASSEE, FLORIDA

**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:
Canalytics Pro, 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:

On Article IV and Article V:

Name spelling correction of registered agent and Manager should be corrected

from Ralph to Rafael Castillo. Address on Article II should be 12741 SW 42 St


not NW. There is a typographical error.

OR



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

Dated: June 28 2013


Signature of a member or authorized representative of a member

Rafael Castillo

Typed or printed name of signee

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