

L13000106985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

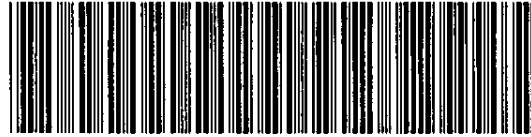
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300250215743

300250215743
08/01/13-01030-001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG - 1 PM 3:02

AUG - 6 2013

T. HARRISON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LES GRENOUILLES DBA JUANCALROS, 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:

MARIA L. ARMENTA

Name of Person

Les Grenouilles LLC

Firm/Company

6804 N. Armenia Ave., Ste. 7

Address

Tampa, Florida 33604

City/State and Zip Code

Lesgrenouillesllc@gmail.com

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

For further information concerning this matter, please call:

Maria Lucy Armenta at (813) 720-5585

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.

FIRST: The name of the limited liability company is:
LES GRENOUILLES DBA JUANCALROS, 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:

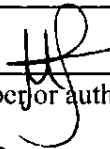
CORRECT LLC NAME: LES GRENOUILLES, LLC

There should have been 2 applications filed; one for the llc and the other for the
fictitious name. This was all submitted under a single application which is
NOT valid for banking purposes. Also the fictitious name was incorrectly typed.

OR

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

Dated: July 31, 2013


Signature of a member or authorized representative of a member

Maria Lucy Armenta

Typed or printed name of signee

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

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

L13000106985
FILED 8:00 AM
July 29, 2013
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
LES GRENOUILLES DBA JUANCALROS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6804 NORTH ARMENIA AVENUE
7
TAMPA, FL. US 33604

The mailing address of the Limited Liability Company is:
6804 NORTH ARMENIA AVENUE
7
TAMPA, FL. US 33604

Article III

The purpose for which this Limited Liability Company is organized is:
TO ACT AS REGISTERED AGENT AND MAKE CHANGES ONLY IN CASE
THE OWNER IS NOT AVAILABLE OR IN EMERGENCIES.

Article IV

The name and Florida street address of the registered agent is:
JUAN J SOTO
7214 BELLINGHAM OAKS BLVD.
TAMPA, FL. 33634

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: JUAN JOSE SOTO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG - 1 PM 3:02

Article V

The name and address of managing members/managers are:

Title: MGR
MARIA L ARMENTA
6804 NORTH ARMENIA AVENUE, STE. 7
TAMPA, FL. 33604 US

L13000106985
FILED 8:00 AM
July 29, 2013
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

07 22 2013

Signature of member or an authorized representative of a member

Electronic Signature: MARIA LUCY ARMENTA

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG - 1 PM 3:02