

L13 000130811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOOTWEAR INT. MARKET 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:

JUAN PABLO VERDIQUIO

Name of Person

FOOTWEAR INT. MARKET LLC

Firm/Company

16001 COLLINS AVE. APT 1604

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

JUAN VERDIQUIO@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN VERDIQUIO

Name of Person

at (305)

502 5740

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: FOOTWEAR INT MARKET 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:

I WAS NOT

INCLUDED AS MANAGING MEMBER.

JUAN PABLO VERDUGO, I NEED TO BE MANAGING

MEMBER OF THE LLC. JUAN PABLO VERDUGO

OR

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

Dated: 09/19/2013

Signature of a member or authorized representative of a member

JUAN PABLO VERDUGO

Typed or printed name of signer

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

FILED
13 SEP 24 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA