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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KRISTOFF, 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:

**CASEY WOLFF, ESQ.**

Name of Person

**PAULICH, SLACK & WOLFF, P.A.**

Firm/Company

**5147 CASTELLO DRIVE**

Address

**NAPLES, FL 34103**

City/State and Zip Code

**DANFORTHLUMBER@AOL.COM**

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

For further information concerning this matter, please call:

**CASEY WOLFF, ESQ.** at ( **239** ) **261-0544**

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

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**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:  
KRISTOFF, 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:

ARTICLE V - SHOULD ONLY BE ONE MANAGER AS FOLLOWS:

MGR

MICHAEL ROSE

640 FIFTH AVENUE S, NAPLES, FL 34102

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: 9 Oct 2013



Signature of a member or authorized representative of a member

CASEY WOLFF, ESQ.

Typed or printed name of signee

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

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2013 OCT 15 PM 1:13  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
NAPLES COUNTY