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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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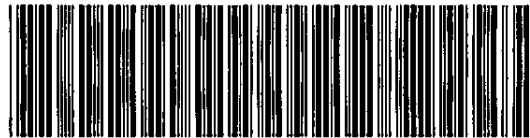
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J. Shivers JAN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regina GORDON LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina GORDON
Name of Person

Firm/Company

604 SW 75th Terr.
Address

North Lauderdale, FL 33068
City/State and Zip Code

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

For further information concerning this matter, please call:

Regina GORDON at (954) 756-1806 or 722-3777
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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

Regina GORDON LLC

SECOND: Document to be corrected is:

Articles of Organizations

(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 effective Date on Documents
Jan. 1st 2014 for Regina GORDON, LLC.
Also Add EIN # 41-2264048 TO LLC
Thank you kindly! MS. GORDON

OR



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

OR



The electronic transmission of the record was defective.

Regina Gordon
Signature of Authorized Representative

12-31-13

Date

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