

L14 000000 2036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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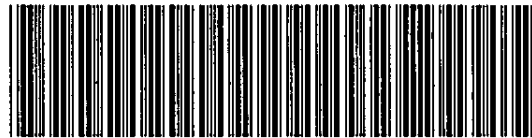
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Diane Voss 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:

Diane Voss
Name of Person

Diane Voss LLC
Firm/Company

1311 SW 14th Ave
Address

Boca Raton, FL 33486
City/State and Zip Code

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

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For further information concerning this matter, please call:

Diane Voss
Name of Person

at

(561)
Area Code

445-0756
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:

Diane Voss LLC

SECOND: Document to be corrected is:

Articles of organization

(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:

under Section titled "Authorized
Person Detail" currently says NONE
Should say Diane Voss
- assigned manager

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.

Diane Voss
Signature of Authorized Representative

1/8/14
Date

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