

L14 0000 12387

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iconic Golf Consulting, 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:

Tae Shin

Name of Person

Shin Law Firm, P.A.

Firm/Company

200 S. Orange Ave., Suite 1450

Address

Orlando, FL 32801

City/State and Zip Code

tshin@shinlawgp.com

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

For further information concerning this matter, please call:

Tae Shin

407

730-7814

Name of Person

at (_____) _____
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: Iconic Golf Consulting, LLC

SECOND: The Florida Document number of the limited liability company is: L14000012387

THIRD: 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:

The name of the manager and manager's address in Article IV of the Articles
of Organization are not correct. The correct name of the manager is: Tae Shin
and the correct address is: 200 S. Orange Ave., Suite 1450, Orlando, FL 32801.

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.

2
Signature of Authorized Representative

5/6/2014
Date

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