

L14 000013467

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FEB 6 2014 STATE

B. BOSTICK

FEB - 7 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KK Boutique 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:

Karen Fernandez
Name of Person

KK Boutique LLC
Firm/Company

5851 Holmberg Rd. #1412
Address

Parkland, FL 33067
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Fernandez at (786) 426 3450
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

CR2E062 (12/13)

FILED
2014 FEB -6 P 5:15
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

✓

**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:

KK Boutique LLC

L14 000013467

SECOND: Document to be corrected is:

Article 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:

I am adding a Manager to our
Company Record. Please add
Manager -> Karen Fernandez
5851 Holmberg Rd #1412 Parkland FL 33067

OR

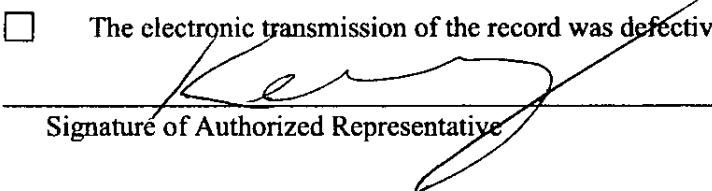


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

2-4-14
Date

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2014 FEB -6 P 5:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

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