

L14000017064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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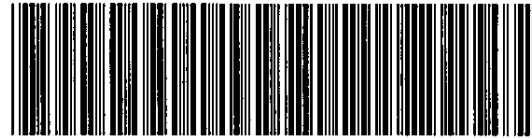
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aimee Crowe Architectural, 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:

Aimee Crowe
Name of Person

Aimee Crowe Architectural, LLC
Firm/Company

2729 Clipper Way
Address

Naples, Florida 34104
City/State and Zip Code

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

For further information concerning this matter, please call:

Aimee Crowe at (239) 261-0303
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:

L140000017064

Aimee Crowe Architectural, LLC

SECOND:

Document to be corrected is:

Articles of Organization for Florida Limited
Liability Company

(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 Florida limited liability company
Aimee Crowe Architectural, LLC was miswritten
and should be corrected to read:
Aimee Crowe Architectural Consultant, LLC

OR



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

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TALLAHASSEE, FLORIDA

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OR



The electronic transmission of the record was defective.

Aimee Crowe
Signature of Authorized Representative

2/17/2014

Date

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