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J. Shivers
TALLAHASSEE, FL 32304

J. Shivers FEB 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WAKE 2 VAPE, 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:

JULIE RENEE MANDEL, ESQ.

Name of Person

FLORIDA LEGAL HELP, PLLC

Firm/Company

1900 GLADES RD. #260

Address

BOCA RATON, FL 33431

City/State and Zip Code

JMANDEL@FLLEGALHELPONLINE.COM

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

For further information concerning this matter, please call:

JULIE RENEE MANDEL at **561** **549-9009**
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:

Wake 2 Vape, LLC

SECOND: Document to be corrected is:

Cover Letter and 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 correct name of the limited liability company is

"Wake 2 Vape, LLC" as stated herein, not "Wake To Vape, LLC"

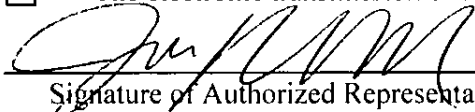
**as previously filed. Please correct the word "To" with the
number "2" on all documents and reissue the certificate of status.**

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


Date

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