144000042311

(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



500292299815

11/28/16--01029--013 **30.00

TILEU
16 NOV 28 PH 12: 15
DIVISION OF COM CRATIONS

O SIMMONS DEC 0 1 2016

COVER LETTER

10:	Division of Corporations					
SUBJECT	_{ст:} Ganj	Ganja Law, P.L.C.				
~		N	ame of Limited Liability	y Company		
Dear Sir	or Madam:					
The encl	losed Statement	of Correction and fee(s) as	re submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Fra	nk E. G	il, Esq.				
		Name of Person				
The	law Off	ice of Frank E	E. Gil, P.A.			
	-	Firm/Company				
10689 N. Kendall Drive, Ste 208						
		Address	·			
Mia	mi, FL	33176				
City/State and Zip Code						
frankgillaw@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Fra	nk E. G	il, Esq.	786 j	287-2321		
	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 1	Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E06	52 (9/15)					

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: Ganja Law, PLLC The Florida Document number of the limited liability company is: <u>L</u>14000042311 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Section 621.12, Fla. Stat., requires that a professional limited liability company formed on or after January 1, 2014, use PLLC, and not PLC in its title. <u>OR</u> П Was defectively signed. The manner in which the document was defectively signed and the appropriate correction affectively signed. as follows: OR П The electronic transmission of the record was defective Signature of Authorized Representative Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

\$25.00

\$30.00 (optional)

Filing Fee:

Certified Copy: