

L 14 000077644

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & R Interiors, 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:

Wendy J. Rowley
Name of Person

A & R Interiors, LLC
Firm/Company

7537 Holly Lake Ln.
Address

New Pt. Rchy, FL 34653
City/State and Zip Code

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

For further information concerning this matter, please call:

Wendy J. Rowley at (727) 375-3064
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: A & R Interiors, LLC

SECOND: The Florida Document number of the limited liability company is: L14000077694

THIRD: Document to be corrected is:
articles of organization, Article IV

(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:

Title: MGR - Arcadio Landazuri
Incorrect spelling of first name
Title: MGR - Arcadio Landazuri

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.

Wendy L. Ruvoley
Signature of Authorized Representative

05/27/2014
Date

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