

L140000 93713

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SECRETARY OF STATE
GALLAHUSSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sun Catcher Artisans, 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:

Ernest F. Payne

Name of Person

Sun Catcher Artisans, LLC

Firm/Company

14246 Reflection Lakes Drive

Address

Fort Myers, Florida 32207

City/State and Zip Code

erniepayne@live.com

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

For further information concerning this matter, please call:

Ernie Payne

at (239)

3449970

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: Sun Catcher Artisans, LLC

SECOND: The Florida Document number of the limited liability company is: L14000093713

THIRD: Document to be corrected is:
The 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:

Ernest F. Payne should have been listed as an Authorized Member

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.

Ernest F. Payne

9/15/2014

Signature of Authorized Representative

Date

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