

214000134851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 10 2014  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALFARAGE GROUP 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:

EZATT FARAGE

Name of Person

ALFARAGE GROUP LLC

Firm/Company

4811 Pembroke Rd

Address

Hollywood, FL 33021

City/State and Zip Code

nicolmichael@hotmail.com

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

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

EZATT FARAGE

Name of Person

at ( 954 ) 367-2413

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

CR2E062 (2/14)

**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: ALFARAGE GROUP LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000134851

**THIRD:** Document to be corrected is:  
ARTICLE IV & V OF 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:

REGISTERED AGENT & MGR NAME IS  
INCORRECT.  
CORRECT NAME IS: EZATT FARAGE  
NOT James E. Farage

**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.

F. Farage  
Signature of Authorized Representative

8/29/2014  
Date

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

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