

L 14 000156007

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TALLAHASSEE, FLORIDA

OCT 28 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUMARREN  
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:

JOHN M. WARREN  
Name of Person

BLUMARREN  
Firm/Company

1106 NE 18<sup>TH</sup> AVE  
Address

FT LAUDERDALE, FL 33304  
City/State and Zip Code

FOURJOHNNYW@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN WARREN at ( 954 ) 789-8273  
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

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TALLAHASSEE, FLORIDA

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**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: BLUMARREN

**SECOND:** The Florida Document number of the limited liability company is: 214000156607

**THIRD:** Document to be corrected is:

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:

UNDER THE ARTICLE 1, II AND III, IV THE ZIP CODE  
IS NOT CORRECT. ALL 4 ARTICLES ADDRESSES  
SHOULD READ: JOHN WARREN 1106 NE 18<sup>TH</sup> AVE,  
FT LAUDERDALE, FL 33304

**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

11/17/2014  
Date

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