

L14000 175261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

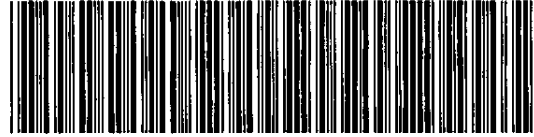
(Business Entity Name)

(Document Number)

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14 DEC - 9 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 15 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barkin Bella, 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:

Karie Mobley  
Name of Person

Barkin Bella, LLC  
Firm/Company

939 Cedar St #1  
Address

Jacksonville, FL 32207  
City/State and Zip Code

Kmobley01@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karie Mobley at (904) 238-2157  
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: Barkin Bella, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000175261

**THIRD:** Document to be corrected is: Authorized Person  
L14000175261 = EIN #  
Address Change

**(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:

Change = Title from Owner to Managing Member  
under Authorized Persons

Add = EIN # 47-2302267

Change Address to = 1273 Pennman Rd., Jacksonville Beach, FL 32250  
OR From ' 515 Atlantic Blvd. <sup>Atlantic</sup> Beach, FL 32233

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.

Karise Mobley \_\_\_\_\_  
Signature of Authorized Representative Date

FILED  
14 DEC - 9 AM 9: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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