

L14000 179664

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMB LAW FIRM, 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:

Laila Archer

Name of Person

Firm/Company

1701 Meeting Place #216

Address

Orlando, FL 32814

City/State and Zip Code

lailaarcher@gmail.com

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

For further information concerning this matter, please call:

Laila Archer

404

309-3480

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, FL 32303

**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: LMB LAW FIRM, LLC

SECOND: The Florida Document number of the limited liability company is: L14000179664

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:

The incorrect statement is that the entity formed is an LLC. The entity that I
intended to form is a PLLC. The purpose of this entity is to provide legal services

As such, the proper form is a PLLC. The correct name is:

LMB LAW FIRM, PLLC.

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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.

Carla Arche
Signature of Authorized Representative

11/21/2014
Date

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