

L14000192707

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB - 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNLIKE 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:

ALEJANDRO VICUNA

Name of Person

Firm/Company

6400 NW 114TH AV. Apt. 1107

Address

DORAL, FL, 33178

City/State and Zip Code

alejandrovicuna@gmail.com

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

For further information concerning this matter, please call:

ALEJANDRO VICUNA

305

7675110

Name of Person

at (_____) _____
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.

UNLIKE GROUP LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L14000192707

THIRD: Document to be corrected is:
Electronic Article 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:

In Article V, Danny D Morales is incorrect, the reason is because Morales is his

second last name and not his first last name.

The correct statement is Danny D Diaz.

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

01/06/15

Date

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

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