

L15000006702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

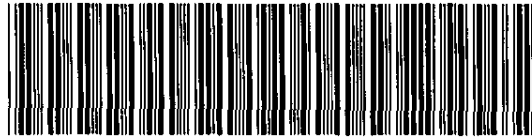
(Business Entity Name)

(Document Number)

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15 JAN 22 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JAN 22 AM 10:47

DIVISION OF CORPORATE AFFAIRS

JAN 23 2022

ACCOUNT NO. : I20000000195

REFERENCE : 456165 8029260

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : January 12, 2015

ORDER TIME : 9:38 AM

ORDER NO. : 456165-005

CUSTOMER NO: 8029260

DOMESTIC AMENDMENT FILING

NAME: SU RECETA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SU RECETA 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Dona Sharmat at (305) 794-8221
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: SU RECETA LLC

SECOND: The Florida Document number of the limited liability company is: L15000006702

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:

INCORRECT STATEMENT: ARTICLE IV: THE NAME AND ADDRESS OF PERSONS(S) AUTHORIZED TO MANAGE

TITLE: AMBR: DONA SHARMAT 846 LINCOLN ROAD, 6TH FLOOR, MIAMI, FL. 33139

CORRECT STATEMENT: ARTICLE IV: THE NAME AND ADDRESS OF PERSONS(S) AUTHORIZED TO MANAGE

REMOVE: TITLE: AMBR: DONA SHARMAT 846 LINCOLN ROAD, 6TH FLOOR, MIAMI, FL. 33139

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

1/21/15
Date

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