L1500000085

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SECRE TARY OF STATE ON SECRETARY OF CORPORATION.

AH Correction (10 4.23.15

COVER LETTER

TO:	Registratio Division of	n Section. Corporations					
SURIF	∵ T•	CAMILA'S CA	KE, LLC				
SUBJEC	Name of Limited Liability Company						
Dear Sir	or Madam:	•					
The encl	osed Staten	nent of Correction and fee(s)	are submitted for filin	g.			
Please re	eturn all cor	respondence concerning this	matter to the followin	g:			
		MARIA C. BARBA					
		Name of Person		_			
	C	CAMILA'S CAKE, LLC	;				
	,	Firm/Company		_			
	52	8 SANDY CREEK DE	₹				
		Address	.	_			
	E	BRANDON, FL 33511					
		City/State and Zip Code		_			
E-t	mail address	s: (to be used for future annu	al report notification)				
For furth	ner informat	ion concerning this matter, p	olease call:				
	MARIA	C. BARBA	727	630-4406			
***************************************	Na	ame 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	d is a check	for the following amount:					
□ \$2 5 F	iling Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E06	2 (2/14)						

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>FIRST</u>	ST: The name of the limited liability company is: CAMILA'S CAKE		<u>.C </u>				
SECOND:		The Florida Document number of the limited liability company is: L15000060285					
		Document to be corrected is:					
	(CHI	NAME OF THE BUSINESS IN THE ARTICLES OF ORGANIZATION ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	— MENT				
	Contair	ns an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:	correct, and the				
		NAME OF THE BUSINESS IS MISSING A LETTER. THE REAL NAME HE BUSINESS IS: CAMILA'S CAKES, LLC	- 145 lon 0				
			_				
		efectively signed. The manner in which the document was defectively signed and tion are as follows:	— I the appropriate				
		ion are as ionows:					
			_				
	<u>OR</u>		_				
	The ele	ectronic transmission of the record was defective.					
Sig	nature o	of Authorized Representative Date	_				

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)