

L15000075304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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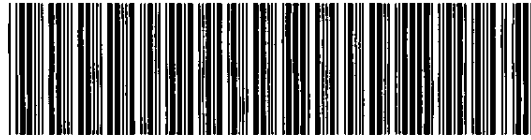
(Business Entity Name)

(Document Number)

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FILED
15 MAY 18 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAP 5/21/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Color Correct 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:

Adalberto Gomez

Name of Person

Color Correct

Firm/Company

3170 Florida Ave.

Address

Miami, FL. 33133

City/State and Zip Code

~~Color by~~ colcorbycolorcorrect@gmail.com

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

For further information concerning this matter, please call:

Adalberto Gomez

Name of Person

at (305)

Area Code

978-9544

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: Color Correct LLC

SECOND: The Florida Document number of the limited liability company is: L5000075304

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:

We listed only Douglas Tam as a manager.
Adalberto Gomez should also be a manager.

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

Date

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA