

L15000082954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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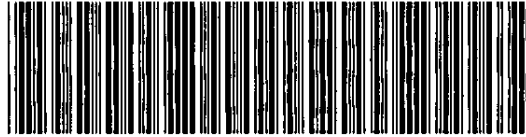
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whos N3xt Barbershop 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:

Lideliu Cadet

Whos N3xt Barbershop LLC
Name of Person
Firm/Company

1400 Village Blvd Apt 123

West Palm Beach FL 33409
Address

Lideliu@ymail.com
City/State and Zip Code

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

For further information concerning this matter, please call:

Mr. Lideliu Cadet
Name of Person

at (561)

Area Code

870 9151

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

CR2E062 (2/14)

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**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: Whos N3xt Barbershop LLC

SECOND: The Florida Document number of the limited liability company is: L15000082954

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:

Lidellen Cadet should have been Listed as AMBR

Also I Notice That my EIN wasn't There Can we update
That as well (47-3980859)

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]

Signature of Authorized Representative

05-20-2015

Date

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

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