

L150000086128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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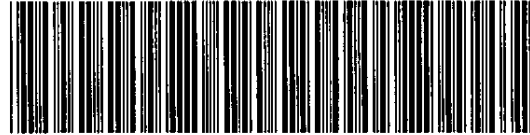
(Business Entity Name)

(Document Number)

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2015 MAY 20 P 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YiaYia Faith Enterprises, 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:

Amanda Ross

Name of Person

H.B. Ross & Co.

Firm/Company

19046 Bruce B. Downs Blvd, Suite 302

Address

Tampa, FL 33647

City/State and Zip Code

beth@elizabethlakeinc.com

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

For further information concerning this matter, please call:

Amanda Ross

813 977-9977

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:

☒ \$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)

**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: YiaYia Faith Enterprises, LLC

SECOND: The Florida Document number of the limited liability company is: L15000086128

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:

The Registered Agents name is spelled incorrectly. The correct spelling is

Elizabeth Lake.

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

5.18.15
Date

2015 MAY 20 P 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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