

L16000022473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

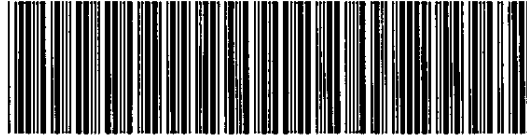
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/08/16--01010--019 **25.00

2016 MAR 29 PM 4:43
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
MAR 31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

MICHAEL A ANDINO
7952 PINE CROSSING CIRCLE #116
ORLANDO, FL 32807

SUBJECT: ANDINO'S SOULTION L.L.C
Ref. Number: L16000022473

We have received your document for ANDINO'S SOULTION L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOC NUMBER HAS TO MATCH WITH THE COMPANY NAME

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00002765



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 29 AM 11:37
FLORIDA

March 4, 2016

ANDINO'S SOLUTIONS, L.L.C.
MICHAEL A ANDINO
7952 PINE CROSSING CIR. #116
ORLANDO, FL 32807

SUBJECT: ANDINO'S SOULTION L.L.C
Ref. Number: L16000022473

We have received your document for ANDINO'S SOULTION L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00004528

Please see attached letter showing payment was previously sent dated 2.9.16.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Andino's Soultion L.L.C**

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:

Michael A Andino

Name of Person

Andino's Solutions, L.L.C

Firm/Company

7952 Pine Crossing Circle #116

Address

Orlando, FL 32807

City/State and Zip Code

Andinosolutionsl.l.c@gmail.com

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

For further information concerning this matter, please call:

Michael A Andino

at **321**

208-1248

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 (9/15)

RECEIVED
2016 FEB 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Andino's Soutlion L.L.C.

SECOND: The Florida Document number of the limited liability company is: L160000224783

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:

Correction of company name to: Andino's Solutions, LLC

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.

M. Andino

Signature of Authorized Representative

3/25/2016

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael A. Andino

Registered Agent's Signature

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