

L16000042033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

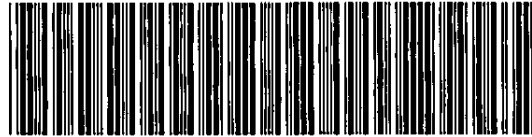
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Kristina gave
Perm. to correct
doc. 12/8/14

Office Use Only



900292132399

11/28/16--01009--007 **25.00

2016 NOV 28 AM 10:53
Filing Office
Filing Office

12/8/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: By Kristina Elizabeth 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:

Kristina Trew

Name of Person

By Kristina Elizabeth LLC

Firm/Company

4737 33rd Ave N

Address

St Petersburg, FL 33713

City/State and Zip Code

kristina.trew@gmail.com

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

For further information concerning this matter, please call:

Kristina Trew

Name of Person

at (**727**) **244-0472**

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

**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: By Kristina Elizabeth LLC

SECOND: The Florida Document number of the limited liability company is: L16000042033

THIRD: Document to be corrected is: Articles of organization for a Florida LLC, Article IV

(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:

Please add Kristina Trew as an AMBR. I am the founder of this LLC.

Kristina Trew, 4737 33rd Ave N, St Petersburg, FL 33713, phone #

727-244-0472. (I, somehow, excluded myself when I submitted the LLC
original documents)

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.

2016 NOV 28 AM 10:53
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, FLORIDA

Signature of Authorized Representative

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.

Kristina Trew

Registered Agent's Signature

Authorized Member

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