

L16000046506

(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



400283255184

03/17/16--01004--002 **25.00

FILED
2016 MAR 17 PM 12:49
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 22

COVER LETTER

TO: Registration Section
Division of Corporations

3514 FROW AVE "LLC"

SUBJECT: _____
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:

JACQUELINE A. ROSE

Name of Person

3514 FROW AVE. "LLC"

Firm/Company

2000 S. BAYSHORE DRIVE, #34

Address

MIAMI, FL. 33133

City/State and Zip Code

jackieandalrose@att.net

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

For further information concerning this matter, please call:

JACQUELINE A. ROSE

305

215-7371

at ()

Name of Person

Area Code

Daytime Telephone Number

Jacqueline A. Rose

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: 3514 FROW AVE. "LLC"

SECOND: The Florida Document number of the limited liability company is: L16000046506

THIRD: Document to be corrected is: Articles of Organization for Florida Limited Liability Company

(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:

I misspelled my first name in the registered agent section, It should read Jacqueline.

I also need to add myself Jacqueline A. Rose as AMBR. My address will be the same
as the principal address.

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.

Jacqueline A. Rose
Signature of Authorized Representative

3/9/2016
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.

Registered Agent's Signature

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

FILED

2016 MAR 17 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA