L16000189516

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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Fax Number : (305)633-9696

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOO&LUMIERE, LLC

Certificate of Status	0
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re fax 10/19/16

D. SCOTT
OCT 20 2016

(3)

H16000257316

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOO&LUMIERE, 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:

LORENA PARDO
Name of Person

KARYNA GONZALEZ RABAGH, PA
Firm/Company

20801 BISCAYNE BLVD SUITE 306
Address

AVENTURA, FL 33180
City/State and Zip Code

LP.GRCLOSINGS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA PARDO at (305) 792-4911
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)

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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: BOO&LUMIERE, LLC

SECOND: The Florida Document number of the limited liability company is: L16000189516

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 LLC registered agent shall be Koryne Gonzalez-Rabagh, PA and its address shall be 20801 Biscayne Blvd Suite 306, Aventura, Florida 33180. The name of the manager shall be Gabino Carballeira and his address shall be 7021 Galeon Cove Cir, Riviera Beach, Florida 33418. Both authorized members shall be deleted.

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 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)

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