

L16000217581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

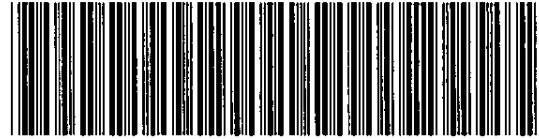
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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.... 27 2017

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17 JAN 17 PM 1:40
JAN 17 2017

11:37 ,

Inquire By Deposit Number

01/27/17

DEP Page 0017/0030

Deposit Number	: 01/17/17 01014 017	Deposit Amount :	25.00
Account Number	:	Deposit Balance:	0.00
Refund Request Date:		Debit Memo Date:	
Refund Mail Date :		Void Date:	
Refund Amount :	0.00	User ID :	TSJOHNSON
Requester :			

		DOC Page 0001/0001
Tracking Number	: 900293719619	Document Number: 900293719619
Ledger Date	: 01/17/17	Sub Account Number:
Document Requester :		

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	25.00

3 Pages.

FLORIDA DEPARTMENT OF STATE

1/27/17

ATT :Miss Simmons

Fax # 580-245-6030

Ref: L16000217581 Decor2Perfection LLC

Attached please find a copy of front and back of the check in the amount of \$25 cashed on 1/17/2017,
and copy of the statement of correction for Florida LLC submitted .

Thank you,

Perla Glanzberg

Authorized Representative

RECEIVED
2017 JAN 27 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To print this page [Click Here](#).
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This is the front of your check

PERLA B GLANZBERG 01-14
20100 E COUNTRY CLUB DR A1000
AVENTURA, FL 33180

1-12-2017

189

Pay to the order of Florida Dept of State \$ 25
Twenty five and 00/100

Perla B Glanzberg

00570148226 42908007578 0189

This is the back of your check

3187501032

DEPOSIT ONLY 25.00
01/12/17-01/17-017

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0200, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Decor2Perfection LLC

SECOND: The Florida Document number of the limited liability company is: L16000217581

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:

Effective date 01-03-2017

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.

Arila Raulo
Signature of Authorized Representative

Date

1/12/2017

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)

**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: Decor2Perfection LLC

SECOND: The Florida Document number of the limited liability company is: L16000217581

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:

Effective date 01-03-2017

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.

Karla Langley
Signature of Authorized Representative

1/12/2017
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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17 JAN 17 PM 1:40