

46000220507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

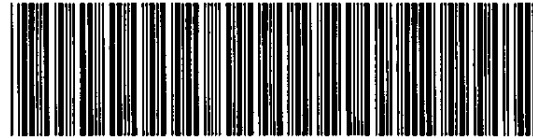
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kohliem's Family Daycare 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:

Lillian Kohliem

Name of Person

Kohliem's Family Daycare LLC

Firm/Company

5135 Barnegat Point Road

Address

Orlando, FL 32808

City/State and Zip Code

lilliankohliem66@gmail.com

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

For further information concerning this matter, please call:

Lillian Kohliem

Name of Person

321

Area Code

276-8666

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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17 JAN -3 AM 11:04
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: _____

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

THIRD: Document to be corrected is: _____

(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:

1) Additional Article : Add Article to show Lillian Kohliem, address 5135 Bamegat Point Road, Orlando, FL 32808, as

the only managing membe (AMBR), authorized to manage and control Kohliem's Family Daycare LLC.

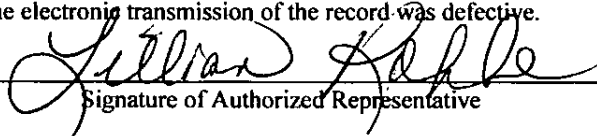
2) Amend Article IV: Amend Article IV to reflect effective date for Kohliem's Family Daycare, LLC as January 1, 2017.

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.


Signature of Authorized Representative

12/30/16
Date

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JAN -3 AM 11:04
17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)**