

**L17000007730**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

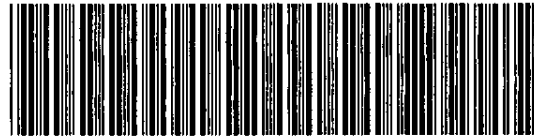
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sign + Doc To Be corrected*

Office Use Only



600296039606

03/02/17--01005--009 \*\*25.00

FILED

2017 MAR 14 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR 16 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tiffany Interiors, 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:

Romney

Name of Person

Tiffany Interiors, LLC

Firm/Company

8230 NW 52nd Court

Address

Hawderhill FL 33351

City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Fong

Name of Person

at

(508)

Area Code

901 1071

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**

FILED  
2017 MAR 14 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Tiffany Interiors, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000007730

**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:

INCORRECT Spelling Tiffany Song  
CORRECT Spelling Tiffany Fong  
PLEASE CORRECT SPELLING OF LAST NAME

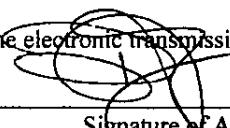
**OR**

- ☐ 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.

 3/6/17  
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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2017

TIFFANY INTERIORS, LLC  
ROMNEY  
8230 NW 52ND CT.  
LAUDERHILL, FL 33351

SUBJECT: TIFFANY INTERIORS, LLC  
Ref. Number: L17000007730

We have received your document for TIFFANY INTERIORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the type of document to be corrected in the third section of the form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00004213

*Please Destroy  
original check.*