L17000012871

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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01/26/17--01009--017 **25.00

J. HARRIS

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: BO	utique by the S	Sea LLC	
		N	ame of Limited Liabil	ity Company
Dear S	ir or Madam:			
The en	closed Statem	nent of Correction and fee(s) ar	e submitted for filing.	
Please	return all cori	respondence concerning this m	atter to the following:	
Ве	ryl Tra	pani		
		Name of Person		
Ву	The S	ea Boutique, l	LLC	
		Firm/Company		
PC	Box 1	1207	•	
		Address		
En	glewo	od, FL 34295		
		City/State and Zip Code		
be	rylmcl(@aol.com		
E	-mail address	: (to be used for future annual	report notification)	
For fur	ther informat	ion concerning this matter, ple	ase call:	
Be	ryl Tra	pani	at (954	232-9685
		ame of Person	Area Code	Daytime Telephone Number
Registr Division Cliftor 2661 E	ET/COURIE ration Section on of Corpora Building Executive Cen assee, Florida	tions ter Circle	<u> </u>	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
Enclos	sed is a check	for the following amount:		
\$2:	5 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		name of the limited liability company is: Boutique by the Sea LLC	nent.						
	The Florida Document number of the limited liability company is: L17000012871								
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	ATEMENT						
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct statement are as follows:								
	The	he name "Boutique by the sea IIc" was filed, by me incorrectly and should have been							
	By	/ The Sea Boutique LLC	,						
		s defectively signed. The manner in which the document was defectively signed and the applicable.	ppropriate correction	are					
			17 Jan						
		<u>, , , , , , , , , , , , , , , , , , , </u>	2	ក =					
	<u>OR</u>			ח ב					
	The	electronic transmission of the record was defective. //23//	7 = 3						
	- [·	Signature of Authorized Representative Date							
		new registered agent, if applicable : (NOTE: if correcting the registered agent, the new rege designation).	gistered agent must si	ign					
I hereb provisi obliga	oy acci ions oj tions d a cha	ered Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act in this capacity. I further agree to fall statutes relative to the proper and complete performance of my duties, and I am famil of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document nge in the registered office address, I hereby confirm that the limited liability company has ge.	iar with and accept to t is being filed to mer	rely					
		Registered Agent's Signature							
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)							

CR2E062 (9/15)