

L17000014538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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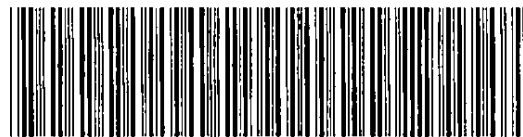
(Business Entity Name)

(Document Number)

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CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 21 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

ALLEN JACOBI
THE LAW OFFICE OF ALLEN JACOBI
11077 BISCAYNE BLVD, STE 200
MIAMI, FL 33161

SUBJECT: 9 LYFE MANAGEMENT GROUP, LLC
Ref. Number: L17000014538

We have received your document for 9 LYFE MANAGEMENT GROUP, 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):

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 117A00003877

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **9 LYFE MANAGEMENT GROUP, LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLEN JACOBI
Name of Person

THE LAW OFFICE OF ALLEN JACOBI
Firm/Company

11077 BISCAYNE BLVD, STE 200
Address

MIAMI, FL 33161
City, State and Zip Code

allen@allenjacobilaw.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

ALLEN JACOBI **305** **893-5644**
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32313

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

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**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: 9 LYFE MANAGMENT GROUP, LLC

SECOND: The Florida Document number of the limited liability company is: L17000014538

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION, ARTICLE IV

(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:

One of the shareholders was incorrectly named.

Tauvarous Thomas is NOT the correct name.

The correct name IS Tauvarous Trittie.

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.

Tauvarous Trittie
Signature of Authorized Representative

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Date

Signature of new registered agent, if applicable (**NOT** 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.

[Signature]
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)