

L17000209591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

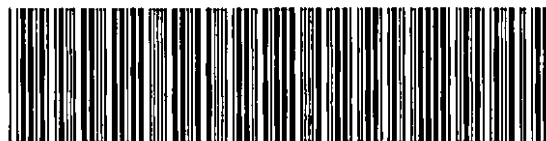
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FBI/DOJ - J. J. G. J.

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DEC 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2017

ROSA OLAYA
12995 S CLEVELAND AVE
STE 163
FT MYERS, FL 33907

SUBJECT: ROSA'S TAILORS LLC
Ref. Number: L17000209591

We have received your document for ROSA'S TAILORS 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.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00022881

2017 DEC 18 PM 2:08

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: Rosas Tailors LLC

SECOND: The Florida Document number of the limited liability company is: L17000209591

THIRD: Document to be corrected is: Florida Limited Liability

(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:

(is not Rosa's) is Rosas Tailors LLC

The person who did the paper work did the name Wwrong.

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.

Rosa Falcon Olaya
Signature of Authorized Representative

11-13-17
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.

Rosa Falcon Olaya
Registered Agent's Signature

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