

L17000218548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

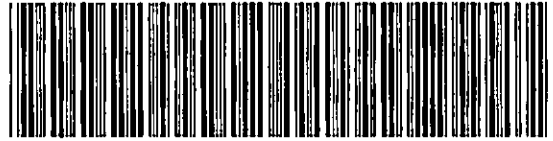
(Business Entity Name)

(Document Number)

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

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FILED  
18 APR -9 AM 10:43  
RECORDING & MAIL  
TALLAHASSEE, FLORIDA

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APR 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2018

DAICY ORTEGA DE ESPINOZA  
9100 SUMMIT CENTRE WAY  
#306  
ORLANDO, FL 32810

SUBJECT: "ESPINOZA-ORTEGA BUSINESS COACHING SERVICES LLC"  
Ref. Number: L17000218548

We have received your document for "ESPINOZA-ORTEGA BUSINESS COACHING SERVICES 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 correct the name of your business in document. Please state document to be corrected is Articles of Organization instead of Incorporation.

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: 618A00005898

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2018 APR 10 AM 10:55

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: "ESPINOZA-ORTEGA COACHING SERVICES 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:

DAICY ORTEGA DE ESPINOZA

Name of Person

"ESPINOZA-ORTEGA COACHING SERVICES LLC"

Firm/Company

9100 SUMMIT CENTRE WAY #306

Address

ORLANDO, FLORIDA 32810

City/State and Zip Code

COACHINGSERVICESLLC1@GMAIL.COM

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

For further information concerning this matter, please call:

DAICY ORTEGA DE ESPINOZA at (321) 440-1171  
Name of Person Area Code 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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**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: "Espinoza Ortega Business Coaching Services LLC"

**SECOND:** The Florida Document number of the limited liability company is: L17000215248

**THIRD:** Document to be corrected is: Articles of Incorporation

**(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.- Removing opening and closing quotation marks("") from Espinoza Ortega Business Coaching Services LLC

2.- Change the title of Daicy Ortega from AR to MGR 3.-The effective date should be 11/01/2017 instead of 01/01/2018

3.- Please add second manager RENE ESPINOZA with the mailing 9100 summit centre way #306, Orlando FL 32810

**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


\_\_\_\_\_  
Date

FILED  
APR -9 AM 10:43  
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)