

L17000226251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

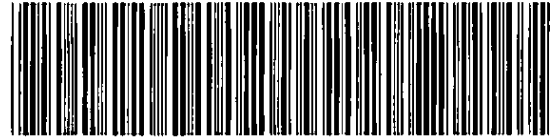
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 DEC -4 AM 12:37

TALLAHASSEE, FLORIDA

Office Use Only



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12/05/17--01006--025 **25.00

FILED
17 DEC 18 AM 11:55
TALLAHASSEE, FLORIDA

O SIMMONS
DEC 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2017

CHARLES RAETHER, ESQ
3505 S OCEAN DR, STE CU-1
HOLLYWOOD, FL 33019

SUBJECT: LAVISH EYEWARE, LLC
Ref. Number: L17000226251

We have received your document for LAVISH EYEWARE, 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: 817A00024700

*Please see attached
executed form
Please cash the
check that was originally
submitted*

2017 DEC 18 AM 11:24
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Lavish Eyeware, 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:

Charles Raether, Esq.

Name of Person

AmLaw Group

Firm/Company

3505 S. Ocean Drive, Ste CU-1

Address

Hollywood, FL 33019

City/State and Zip Code

russ88_8@hotmail.com

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

For further information concerning this matter, please call:

Charles Raether

Name of Person

305

Area Code

509-6400

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**

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: Lavish Eyeware, LLC

SECOND: The Florida Document number of the limited liability company is: L17000226251

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:

The true name of the LLC was not properly indicated in the original Articles of Organization.


The correct name of the LLC is Lavish Eyewear LLC

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

12/13/2017
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)