

L17000248699

(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:

Office Use Only



300315287863

07/02/18--01009--018 \*\*25.00

2018 JUL -2 A 11:43

FILED

FILED

Handwritten scribble

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: KT Consulting & Associates 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:

**Katherine Catlin**

Name of Person

**KT Consulting & Associates LLC**

Firm/Company

**265 FAirview Rd**

Address

**Palm Beach, FI 33480**

City/State and Zip Code

**kCatlin@KT-Consults.com**

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

2018 JUN -2 A 11:43  
FILED

For further information concerning this matter, please call:

**KT Catlin** at **908** **229-9150**  
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:

- \$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: KT Consulting & Associates LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000248699

**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 Articals of Organization reflect the incorrect start date for the company. The  
company did not start operating until January 8, 2018

**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.

**Katherine Catlin**

Signature of Authorized Representative

6/28/18

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)**