

L18000056335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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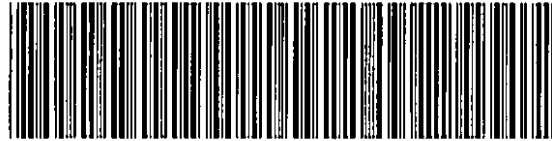
(Business Entity Name)

(Document Number)

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2025 JAN 21 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN 21 AM 8:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEBERRY APRON 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:

DAHIANARA LOPEZ ZAPATA

Name of Person

BLUEBERRY APRON LLC

Firm/Company

6422 ROVER WAY

Address

SAINT CLOUD, FLORIDA 34771

City/State and Zip Code

queparchef@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

PAULO ECHEVERRY

407

3750656

Name of Person

at (

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BLUEBERRY APRON LLC

SECOND: The Florida Document number of the limited liability company is: 118000056335

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:

PLEASE SEE ATTACHMENT

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.

Paulo A. Echeverry 1/21/25
Signature of Authorized Representative 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.

Paulo A. Echeverry
Registered Agent's Signature

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

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TALLAHASSEE, FL

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Attachment of statement of correction for BLUEBERRY APRON LLC

The incorrect statements are:

Article II

The street address of the principal office of the Limited Liability Company is:

2422 LANCASHIRE LANE

KISSIMMEE, FL 34743

The mailing address of the Limited Liability Company is:

2422 LANCASHIRE LANE

KISSIMMEE, FL 34743

Article III

The name and Florida street address of the registered agent is:

JESUS FELIPE CAPURRO MONTOYA

2422 LANCASHIRE LANE

KISSIMMEE, FL 34743

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR

JESUS FELIPE CAPURRO MONTOYA

2422 LANCASHIRE LANE

KISSIMMEE, FL 34743

Title: AMBR

NATALIA HERNANDEZ

2422 LANCASHIRE LANE

KISSIMMEE, FL 34743

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The reason the statement is incorrect is because I Dahianara Lopez Zapata I am the owner of the company BLUEBERRY APRON LLC since March 26 2019

The correct statements are as follows:

Article II

The street address of the principal office of the Limited Liability Company is:

5805 WEST IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

The mailing address of the Limited Liability Company is:

6422 ROVER WAY
SAINT CLOUD, FL 34771

Article III

The name and Florida street address of the registered agent is:

PAULO ANCIZAR ECHEVERRY
6422 ROVER WAY
SAINT CLOUD, FL 34771

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
DAHIANARA LOPEZ ZAPATA
6422 ROVER WAY
SAINT CLOUD, FL 34771

Title: MGR
PAULO ANCIZAR ECHEVERRY
6422 ROVER WAY
SAINT CLOUD, FL 34771

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