

118000072828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

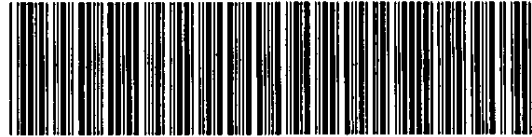
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100311662251

04/13/18--01013--019 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAY 10 PM 2:29

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2018

ADETUNJI JOSEPH ADEIFE  
1221 WEST 3RD ST, APT 627  
LOS ANGELES, CA 90017 US

SUBJECT: RXDICAL RECORDS, LLC  
Ref. Number: L18000072828

We have received your document for RXDICAL RECORDS, LLC and your check(s) totaling \$30.00. 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 418A00007570

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rxdical Records, 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:

Adetunji Joseph Adeife

Name of Person

Firm/Company

1221 west 3rd street apt 627

Address

Los Angeles, CA 90017

City/State and Zip Code

Josepha@treeoflifeagency.com

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

For further information concerning this matter, please call:

Kevin Oboh

Name of Person

786

at (

Area Code

6608189

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: Rx Radical Records, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000072828

**THIRD:** Document to be corrected is: Article 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:

Article V contains: "Joseph Adeife" as authorized manager  
incorrect because my full legal name is Adetunji Joseph Adeife - See copy of my document  
Article V should state: "Adetunji Joseph Adeife"

**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.

Joseph A 5/3/18  
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.*

\_\_\_\_\_  
Registered Agent's Signature

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