L18000079631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THERESA CLEANING WITH A DIFFERENCE 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:

JUDITH MUNORE
Name of Person

THERESA CLEANING WITH A DIFFERENCE LLC
Firm/Company

4254 SW 157TH AVENUE
Address

MIRAMAR, FL 33027
City/State and Zip Code

INFO@REYNOLDSMOSS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH MUNROE at (954) 8650396
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

CR2E062 (9/15)

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: THERESA CLEANING WITH A DIFFERENCE LLC

SECOND: The Florida Document number of the limited liability company is: L18000079631

THIRD: Document to be corrected is: ~~Authorized Person first name "THERESA"~~ Articles of organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[x] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please change the authorized person first name Theresa which is her nickname to Judith which is her legal name. The name should show at the authorized person name on the articles as Judith Munroe.

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.

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TALLAHASSEE FLORIDA

J Munroe 4/6/18
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)**