

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H180002018123ABCX

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LATIKA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

REC
2018 JUL 16 AM 9:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ATTN: KAREN & SALLY

7/17/18 05

**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: Latika, LLC

SECOND: The Florida Document number of the limited liability company is: L18000161464

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 effective date was listed as 7-31-18. This is incorrect given the plans of the company. The correct effective date is 8-31-18.

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

7/13/18

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)



July 13, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LATIKA, LLC
1401 NW 84TH AVE.
MIAMI, FL 33126

SUBJECT: LATIKA, LLC
REF: L18000161464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

To correct the effective date of the company, please submit a "STATEMENT OF CORRECTION" form. The amendment form is not the correct form for correcting the effective date of the company. The effective date on the amendment is for when the amendment will become effective.

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000201812
Letter Number: 318A00014476



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TALLAHASSEE, FL