

LIB000163668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

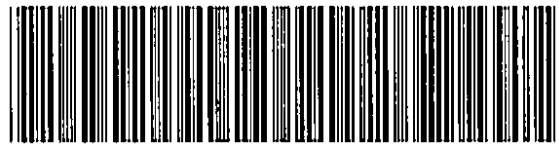
(Business Entity Name)

(Document Number)

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

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07/27/18--01015--020 \*\*25.00

AUG 03 2018  
S. YOUNG

FILED  
18 JUL 27 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MULTI-PRODUCT CONSULTING, 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:

**VLADIMIR IOFFE**

Name of Person

Firm/Company

5125 CEDAR SPRINGS DR, UNIT 202

Address

**NAPLES, FL 34110**

City/State and Zip Code

**vlad\_ioffe@yahoo.com**

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

For further information concerning this matter, please call:

**Vlad Ioffe**

Name of Person

at ( **647** ) **286-5353**

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)

FILED  
18 JUL 27 AM 11:12  
TALLAHASSEE, FLORIDA

**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: MULTI-PRODUCT CONSULTING, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000163668

**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:

RA name was incorrectly changed from Ioffe to LOFFE during filing when FL converted to all caps during filing.

The last name starts with a capital I (not an L).

Change RA Name to: VLADIMIR IOFFE

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The Registered Agent signature was also changed from a capital I to a capital L during submission of the form on the FL website.

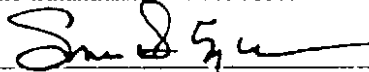
Change the RA Signature to VLADIMIR IOFFE

**OR**



The electronic transmission of the record was defective.

**X**



Signature of Authorized Representative

Susan Eagle

7/24/18

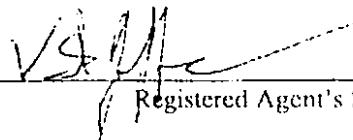
Date

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

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.*

**X** 

Registered Agent's Signature

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