

118000174979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

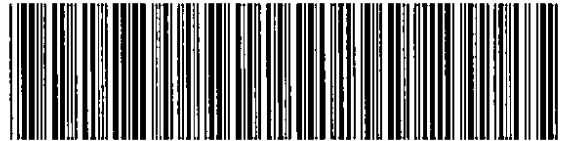
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317444280

08/27/18--01001--014 **25.00

FILED

2018 AUG 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FL

115
8-30-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAILAH FINANCIAL, 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:

Kailah Guiteau

Name of Person

KAILAH FINANCIAL, LLC

Firm/Company

10415 NW 2nd Ct

Address

Miami, FL 33150

City/State and Zip Code

Kailah153@gmail.com

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

For further information concerning this matter, please call:

Kailah Guiteau at (786

Name of Person

Area Code

), 267-3773

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: KAILAH FINANCIAL,
LLC

SECOND: The Florida Document number of the limited liability company is: L18000174979

THIRD: Document to be corrected is: effective date to 8/31/18

(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 while doing the application
was not letting me put a sooner date.

The date accepted was September 19, 2018 but
want to change it to the date above 8/31/18

OR

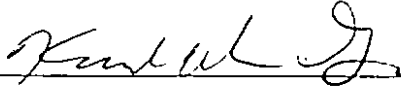
☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

FILED
2018 AUG 27 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL



The electronic transmission of the record was defective.



Signature of Authorized Representative

8/23/18

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)

CR2E062 (9/15)

FILED
2018 AUG 27 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL