

2196000 36027

(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



200324614672

02/20/19--01017--002 \*\*25.00

FILED  
19 FEB 20 PM 6:15  
TALLAHASSEE, FLORIDA

FEB 25 2019  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**ENTREPRISE SERVICES LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ADRIANA TORRES**

\_\_\_\_\_  
Name of Person

**ENTREPRISE SERVICES LLC**

\_\_\_\_\_  
Firm/Company

**10865 NW 7TH ST SUITE 13**

\_\_\_\_\_  
Address

**MIAMI FL, 33172**

\_\_\_\_\_  
City/State and Zip Code

**ADRITO27@GMAIL.COM**

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

For further information concerning this matter, please call:

**ADRIANA TORRES**

**786**

**6838540**

at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
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

**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.

**Entreprise Services LLC**

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

**SECOND:** The Florida Document number of the limited liability company is: L19000036087

**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 name of the company is incorrect. The incorrect name is: Entreprise Services LLC. It is incorrect because it was typed incorrectly. The correct name is: Enterprise Services LLC.**

**The effective date of the company is incorrect. The incorrect effective date is: 03/05/2019. It is incorrect because it was typed incorrectly. The correct effective date is: 02/05/2019.**

**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.

**ADRIANA TORRES**

**02/19/2019**

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)**