

L19 000 / 18750

(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



800371285608

08/03/21--01035-- 003 **25.00

FILED

2021 AUG -9 AM 9:35

STATE OF FLORIDA
TALLAHASSEE, FL

2021 AUG -9 AM 9:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakinslaw, 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:

Tracy L. Kramer

Name of Person

Lakinslaw, LLC

Firm/Company

10101 E. Bay Harbor Dr., Suite 207

Address

Miami, FL 33154

City/State and Zip Code

Tracy.kramer@lakinslaw.com

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

For further information concerning this matter, please call:

Tracy L. Kramer

786

865-4767

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

FIRST: The name of the limited liability company is: Lakinslaw, LLC

SECOND: The Florida Document number of the limited liability company is: L19000118750

THIRD: Document to be corrected is: Articles of Amendment to Articles of Organization of Lakinslaw, LLC

(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 Articles of Amendment stated the name of Lakinslaw, LLC would be changed to Lakinlaw, LLC. That statement is incorrect due to a scrivener's error. The corrected statement is that the Articles of Amendment to Articles of Organization are to be changed to reflect the name of Lakinslaw, LLC will be changed to Lakin Law Firm, LLC.

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.

Tracy Kramer 8-2-2021
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)

FILED
2021 AUG -9 AM 9:35
CLERK OF STATE
TALLAHASSEE FL