

L19000 178

698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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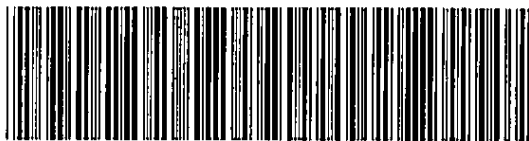
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 27 2019

T SCHROEDER

COVER LETTER

Registration Section
Division of Corporations

IMBUIA INTERIOR DESIGN 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:

ROBERTO DE OLIVEIRA

Name of Person

IMBUIA INTERIOR DESIGN LLC

Firm/Company

403 S SAPODILLA AVE APT 319

Address

WEST PALM BEACH FL 33401

City/State and Zip Code

imbuia.id@gmail.com

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

For further information concerning this matter, please call:

Roberto de Oliveira 561 221-5217

Name of Person at () 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.

FIRST: The name of the limited liability company is: IMBUIA INTERIOR DESIGN LLC

SECOND: The Florida Document number of the limited liability company is: L19000178698

THIRD: Document to be corrected is: NAME SPELLED INCORRECTLY - Arts. of Org.

(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:

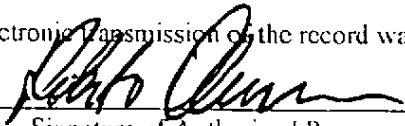
The name of the Company was registered correctly by the IRS, however there was perhaps a misspelling mistake done by the FL LLC Registration office. "M" was changed for "N" - IMBUIA is the correct spelling.

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

8/26/2019

Date

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19 SEP 26 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)