

L19000184653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

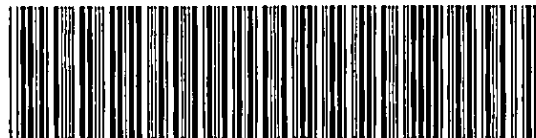
(Document Number)

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SECRETARY OF STATE
7671 APR 15 PM 12:46
WILMINGTON, DE

L1/12A/21



RECEIVED

2021 APR 15 PM 1:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FL

April 1, 2021

NIKETA THAKKAR
12234 STONERLAKE RANCH BLVD
THONOTOSASSA, FL 33592

SUBJECT: NIKETA CONSULTING, LLC
Ref. Number: L19000184683

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00006869

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIKITA 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:

NIKETA THAKKAR
Name of Person

NIKITA CONSULTING LLC
Firm/Company

12234 STONE LAKE RANCH BLVD
Address

THONOTOSASSA FL 33592
City/State and Zip Code

NTHAKKAR71@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKETA THAKKAR at (843) 200-0562
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. 15 PM 12:46

FIRST: The name of the limited liability company is: NIKETA CONSULTING LLC STATE FL

SECOND: The Florida Document number of the limited liability company is: L19000184683

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:

correct the name of LLC, which is
" NIKITA CONSULTING 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.

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)