

L19000 234 292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

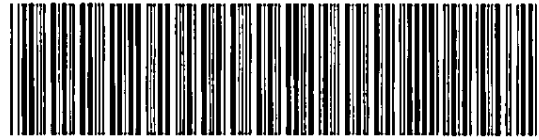
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 16 PM 6:47  
TALLAHASSEE, FL

NOV 05 2019

C Kinsey

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KAIROI GROUP 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:

**Juan Santaella**

Name of Person

**Pasan Investment, Inc**

Firm/Company

**2310 W Waters Ave Suite D**

Address

**Tampa, FL 33604**

City/State and Zip Code

**info@pasan-services.com**

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

For further information concerning this matter, please call:

**Juan Santaella**

Name of Person

**813**

Area Code

**849-2878**

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: KAIROI GROUP LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000234292

**THIRD:** Document to be corrected is: ARTICLE V - THE NAME OF MANAGER

**(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 INCORRECT STATEMENT IS THE NAME OF MANAGER: MYLENE BARRA MARQUEZ

THE CORRECTED STATEMENT IS THE NAME OF MANAGER: MILENE BARRA MARQUEZ

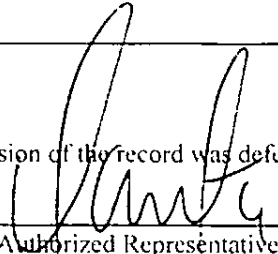
**OR**

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 10/10/19

2019 OCT 6 PM 6:47  
SEC. OF STATE  
TALLAHASSEE, FL

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)**