L19000249750

(Requestor's Name)	
(Address)	60033731
(Address)	00000701
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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	Registration Se Division of Cor		•	· · · · · · · · · · · · · · · · · · ·
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SUBJEC	т: <u>GK</u>	INSTRUCTOR	C + COACH	ING LLC
			ame of Limited Liab	ility Company
Dear Sir o	or Madam:			
The enclo	sed Statement	of Correction and fee(s) a	re submitted for filing	7.
Please ret	urn all corresp	ondence concerning this m	natter to the following	; :
CHRIST	OPHER P. KE	LLEY, Esquire		
 -		Name of Person		•
CHRIST	OPHER P. KE	LLEY, P.A.		
		Firm/Company		-
11098 Bi	iscayne Boulev	ard. Suite 205		
		Address		-
Miami, F	L 33161			
	(ity/State and Zip Code		-
E-n	nail address: (to	be used for future annual	report notification)	-
For furth	er information	concerning this matter, ple	ease call:	
CHRIST	OPHER P. KE	ELLEY	305	893-6004
	Name	of Person	at (at Code	Daytime Telephone Number
	Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27		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 Fi	lling Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy



January 9, 2020

CHRISTOPHER P. KELLEY, ESQ. 11098 BISCAYNE BLVD STE. 205 MIAMI, FL 33161

SUBJECT: GK INSTRUCTOR & COACHING LLC

Ref. Number: L19000249750

We have received your document for GK INSTRUCTOR & COACHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Letter Number: 120A0000563

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: _____ GK INSTRUCTOR & COACHING LLC The Florida Document number of the limited liability company is: SECOND: Document to be corrected is:_ THIRD: (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: FIRST NAME OF MANAGER IS INCORRECT. MANAGER'S NAME should be: GEORGETTE KLUCK OR Was defectively signed. The manner in which the document was defectively signed and the appropriate carrection are as follows: OR The electronic transmission of the record was_defective 16/2020 Signature of Authorized Representative 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:

Certified Copy:

\$30.00 (optional)