

L19 000 298806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE
JAN 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Keys Healthy D'Lites LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanie Owens

Name of Person

Florida Keys Healthy D'Lites, LLC

Firm/Company

99 Sioux Street

Address

Levittown, Florida 33070

City/State and Zip Code

shanihdylites305@gmail.com

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

If you need further information concerning this matter, please call:

Shanie Owens at (305) 896.2039
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**

2019 DEC 23 PM 1:35

rsuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

RST: The name of the limited liability company is: Florida Keys Healthy D'Lites, LLC

COND: The Florida Document number of the limited liability company is: L19000298806

IRD: 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:

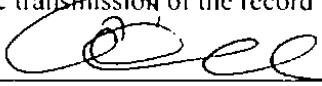
The effective date was incorrectly stated as 12.13.19; The effective date should be January 1, 2020.

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.

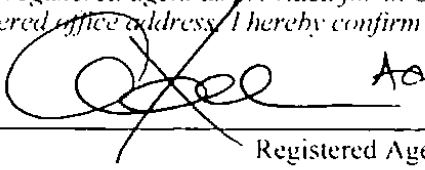

Signature of Authorized Representative

12.17.19
Date

nature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign epting the designation).

By 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 visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely ect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing his change.


Registered Agent's Signature

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**