

L 19000299020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

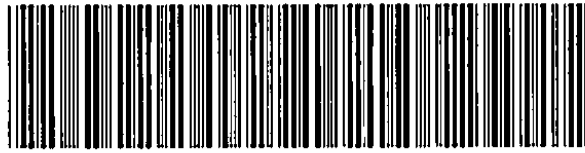
(Business Entity Name)

(Document Number)

ies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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01/28/20--01005--005 **25.00

FILED
CLERK OF STATE
DIVISION OF REVENUE
2020 JAN 27 PM 4:49
JAN 27 2020

LLC
Art. of Correction

JAN 27 2020

TERMINO D

COVER LETTER

Registration Section
Division of Corporations

FRANK & FLUFF LLC

Name of Limited Liability Company

Madam:

Statement of Correction and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

Redero

Name of Person

Fluff LLC

Firm/Company

28th Street

Address

33142

City/State and Zip Code

ntologymiami.com

Address: (to be used for future annual report notification)

Information concerning this matter, please call:

Redero

305

300-0125

at ()

Name of Person

Area Code

Daytime Telephone Number

Filing 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

Pay a check for the following amount:

Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(15)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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

Frank & Fluff LLC

Name of the limited liability company is: _____

L19000299020

The Florida Document number of the limited liability company is: _____

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 of company should be January 1, 2020. Also, an authorized person was not stated.

The corrected authorized person should read, Ivette Corredero, Manager, 1545 NW 28th Street Miami, FL 33142.

is defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Electronic transmission of the record was defective.



Signature of Authorized Representative

Date

FILED
SECRETARY OF STATE
JAN 27 PM 4:52
TALLAHASSEE, FLORIDA

New registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign and designate).

Registered Agent's Signature, if changing Registered Agent:

I 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 responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.



Registered Agent's Signature

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