

L19 000303069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

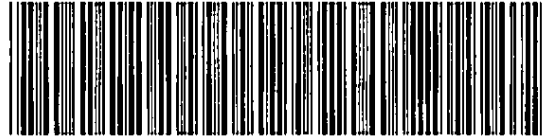
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

document to be corrected
Articles of Organization

Signature of A.R.

Office Use Only



600338248756

12/30/19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 21 PM 2:14

Statement
of
Correction

MAR 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angel's Touch Farms 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:

Deborah S Bradford Suralis

Name of Person

Angel's Touch Farms LLC

Firm/Company

3324 CR 252

Address

Wellborn, FL 32094

City/State and Zip Code

suralis4@aol.com

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

For further information concerning this matter, please call:

Deborah S Bradford Suralis at (813) 357-9142

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

CR2E062 (9/15)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 21 PM 2:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2020

DEBORAH S. BRADFORD SURALIS
GEL'S TOUCH FARMS LLC
3324 CR 252
WELLBORN, FL 32094

SUBJECT: ANGEL'S TOUCH FARMS LLC
Ref. Number: L19000303069

We have received your document for ANGEL'S TOUCH FARMS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Document to be corrected is the Articles of Organization. We also need the signature of the 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.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00002476

**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: Angel's Touch Farms LLC

SECOND: The Florida Document number of the limited liability company is: L 19000303069

THIRD: Document to be corrected is: Mailing Address 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:

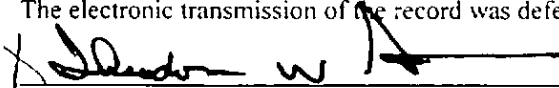
<u>Mailing Address</u>	<u>Registered Agent Name + Address</u>
<u>3324 CR 252</u>	<u>Deborah S. Bradford Surahis</u>
<u>Wellborn, FL 32094</u>	<u>3324 CR 252</u>
	<u>Wellborn, FL 32094</u>

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

2-14-20

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)

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DIVISION OF CORPORATIONS
20 FEB 21 PM 2:16