

L20000100137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

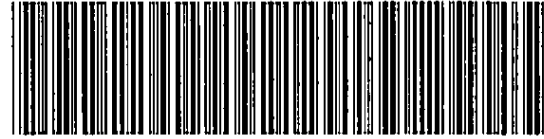
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALLED
PERMISSION GIVEN TO CORRECT
DOCUMENT BY **DANIEL MARTINEZ**
ON THIS DATE **10/13/2020**
 KS

Memo 10/13

Office Use Only



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08/31/20--01017--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 AUG 31 PM 4:46

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARA REALTOR 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:

CLARA MARTINEZ

Name of Person

CLARA REALTOR LLC

Firm/Company

10027 Umberland Place

Address

Boca Raton, FL 33428

City/State and Zip Code

claraxtox@msn.com

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

For further information concerning this matter, please call:

Daniel Martinez 561 5615421084

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

FILED

AUG 31 PM 4:46
TALLAHASSEE, FLORIDA

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: CLARA REALTOR LLC

SECOND: The Florida Document number of the limited liability company is: L20000100137

THIRD: Document to be corrected is: ~~L20000100137~~ 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 title of Clara Martinez and Daniel Martinez are "Member Manager"

Title MEMBER MANAGER: MARTINEZ, CLARA - 10027 UMBERLAND PLACE, BOCARATON, FL 33428

Title MEMBER MANAGER: MARTINEZ, DANIEL - 10027 UMBERLAND PLACE, BOCA RATON, FL 33428

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.

CLARA MARTINEZ

August 27, 2020

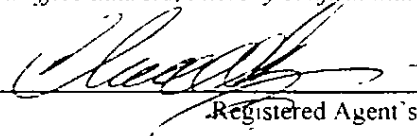
Signature of Authorized Representative

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)