

L20 000 139242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 19 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HUMANGERIE 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:

GEMMA MICHELA GALLINARO

\_\_\_\_\_  
Name of Person

HUMANGERIE LLC

\_\_\_\_\_  
Firm/Company

2767 PINEHURST DRIVE

\_\_\_\_\_  
Address

WESTON, FL 33332

\_\_\_\_\_  
City/State and Zip Code

HUMANGERIE@GMAIL.COM

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

For further information concerning this matter, please call:

GEMMA GALLINARO

954

556-0279

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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**

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: HUMANGERIE LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000139242

**THIRD:** Document to be corrected is: AUTHORIZED PERSON DETAIL

**(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:

WE MUST CORRECT THE STATEMENT UNDER AUTHORIZED PERSON DETAIL TO REFLECT

MY NAME AND MY PERSON AS AN AUTHORIZED PERSON FOR THIS ACCOUNT AND LLC

UNDER THE STATE OF FLORIDA. (GEMMA MICHELA GALLINARO)

**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.

Gemma Gallinaro  
Signature of Authorized Representative

JUNE 10, 2020

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.*

Gemma Gallinaro  
Registered Agent's Signature

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