

L20000139242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

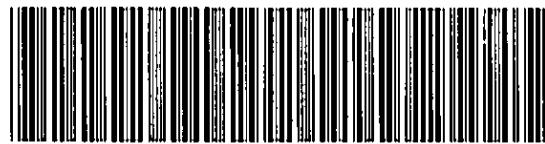
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

HUMANGERIE LLC

SUBJECT: _____ 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: 120000139242

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 I AGREE

UNDER THE STATE OF FLORIDA. (GEMMA MICHELE FALLINAGE.)

QR

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

Grinnell Collins
Signature of Authorized Person

JUNE 10, 2020

1208

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:

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.

Gene Sullivan

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