L2000 166045

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
·		
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200347748342

RECEIVED

JUL 1 6 2020

020 NOY 25 AM II: 14

COVER LETTER

TO:	Registration Division of 0	Section Corporations		;			
SURIF		JANEY GARDEN DESIGN	LLC				
ACDJE	VBJECT: Name of Limited Liability Company						
Dear Si	т or Madam:						
The end	losed Stateme	ent of Correction and fee(s)	re submitted for filin	g.			
Please i	return all corre	espondence concerning this i	matter to the following	Ř:			
MOISF	S ALMOSNY	ŕ					
-		Name of Person	· · · · · · · · · · · · · · · · · · ·	-			
ARAG	UANEY GAR	RDEN DESIGN					
		Firm Company		_			
652 N I	UNIVERSITY	DR					
		Address		_			
PLANT	TATION/FL/3	3324					
		City State and Zip Code		-			
ARAG	UANEYGAR	DEN@GMAIL.COM					
E-	-mail address:	(to be used for future annua	report notification)	_			
For furt	her information	on concerning this matter, pl	ease call:				
MOISE	ES ALMOSNY	·	854	3289827			
	Nar	ne of Person	at (Daytime Telephone Number			
	P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclose	ed is a check	for the following amount:					
□\$25 F	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:	KINAUDA	GARDEN	. <u> </u>				
	DESIGN, LL		<u>.</u> .					
SECOND:	The Florida Document number of the limited	liability company is:	(2000) 1660	95				
THIRD:	Document to be corrected is:	cles of 8	Manizati	J.n				
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT								
•	ains an incorrect statement. The incorrect statem	ent. the reason the statem	nent is incorrect, and the	corrected				
_ 0 22"− Ω ←	ticle 1, Spelling Err sign is mis Raquaney Gard	opelled; 5 Len Des	me of L hould rea	LC idasfi				
<u>OR</u>	0 —		0.					
	defectively signed. The manner in which the documents:	cument was defectively si		e correction are				
 OR			ſ					
	electronic transmission of the record was defective	·e.	10-27-2020 Date	= <u>0</u>				
_	new registered agent, if applicable :(NOTE: if codesignation).	rrecting the registered ag	ent, the new registered a	igent must sign				
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: Certified Copy:	\$25.00 \$30.00 (optio	nal)					