

L20000190210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

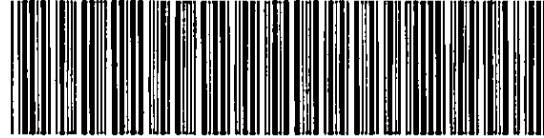
Certificates of Status _____

Special Instructions to Filing Officer:

Rec 1/27/21 by email
from Mr. Diden

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Office Use Only



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S TALLENT

JAN 27 2021

2021 JAN 27 AM 10:26

Statement
of
Correction



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2020

KRYSTAL JORDAN
KRYSTAL D. JORDAN ENTERPRISE LLC
3800 INVERRARY BLVD. SUITE 308G
LAUDERHILL, FL 33319

SUBJECT: ROYALS CAFE LLC
Ref. Number: L20000190210

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINCIPAL ADDRESS MUST BE A STREET ADDRESS AND CAN NOT BE CHANGED TO A PO BOX NUMBER. PLEASE COMPLETE THE STATEMENT MADE ON THE FORM AS IT IS INCOMPLETE. PLEASE ADD THE SUFFIX LLC TO THE ENTITY NAME.

The document must be signed by a member or an authorized representative of a member.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 420A00024700

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royals Cafe 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:

Krystal Jordan

Name of Person

Krystal D. Jordan Enterprise LLC.

Firm/Company

3800 Inverrary Blvd. Suite 308G

Address

Lauderhill, Florida 33319

City/State and Zip Code

yeservice83@yahoo.com

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

For further information concerning this matter, please call:

Krystal Jordan

954

247-8340

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: Royals Cafe LLC

SECOND: The Florida Document number of the limited liability company is: L20000190210

THIRD: Document to be corrected is: 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:

Article II - Incorrect Principal Address: 9812 NW 9TH COURT PLANTATION, FL 33334

Article II- Correct Principal Address: 7850 NW 5th Street suite #17552, Plantation, Florida 33318

Article IV: CEO -Yolanda Bryant President- Zykia Mcclean

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

n/a

OR

- ☒ The electronic transmission of the record was defective.

Krystal Jordan

Signature of Authorized Representative

01/27/2021

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)