

12C OCC 269397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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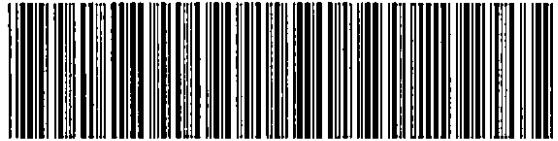
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2020 SEP 21 A 8:01

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LLC
Correction

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karalei, 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:

Shauna Johnson

Name of Person

Karalei, LLC

Firm/Company

1645 Palm Beach Lakes Blvd., Suite 1200

Address

West Palm Beach, Florida 33401

City/State and Zip Code

karaleibeauty@gmail.com

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

For further information concerning this matter, please call:

Shauna Johnson 425 499-2273
Name of Person at () 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: Karalei, LLC

SECOND: The Florida Document number of the limited liability company is: 1.20000269397

THIRD: Document to be corrected is: Articles of Organization - effective date of Aug. 27, 2020.

(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 IV. Susan Dierenfeldt-Troy (SDT) is not authorized to manage the company or serve as the LLC's
authorized representative. SDT's name needs to be removed from Article IV.

OR

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

SDT submitted the Articles of Organization at my request. She is not a member of the LLC nor has any authority to
otherwise serve as the LLC's authorized representative. Her name needs to be removed from Article IV.

I, Shauna Johnson, am signing this Correction Statement as the LLC's authorized member.

OR

☐ The electronic transmission of the record was defective.

Shauna Johnson
Signature of Authorized Representative

Sept 17th / 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.

Registered Agent's Signature

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