

Division of Corporations

L20000359672

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000405894 3)))



H200004058943ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : HOLLAND & KNIGHT LLP
Account Number : 120000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: esmi.diazdon@hklaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRANFIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 30 2020

ALBRITTON

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H20000405894 3)))

**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: FRANFIA LLC

SECOND: The Florida Document number of the limited liability company is: L20000359672

THIRD: Document to be corrected is: Article V. Management

(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:

Due to a scrivener's error, the incorrect manager was listed. The correct name, title and address of the initial person

authorized to manage and control the Company is hereby replaced in its entirety to: Frammetta Romano,

16047 Collins Avenue, Apt., 2003, Sunny Isles, FL 33160.

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.

/s/ Kevin E. Packman

11/24/20

Signature of Authorized Representative

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)