

W2C 000395769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

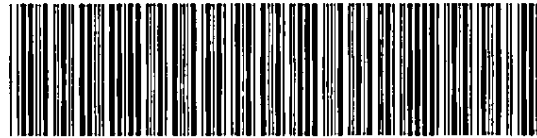
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/19/21

Office Use Only



200359851322

02/10/21--01012--021 \*\*43.75

4:27 PM  
2021 APR 19 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

QS

4/30/21



RECEIVED

2021 APR 19 AM 8:05

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET  
TALLAHASSEE, FL

April 2, 2021

REBBEKA PAREJA  
66 WEST FLAGLER STREET  
SUITE 900  
MIAMI, FL 33130

SUBJECT: BCUBED PRODUCTIONS LLC  
Ref. Number: L20000395769

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 221A00006953

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BCUBED PRODUCTIONS, 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:

Rebbeka Pareja  
Name of Person

BCUBED PRODUCTIONS, LLC  
Firm/Company

166 West Flagler Street, Suite 900  
Address

Miami, FL 33130  
City/State and Zip Code

beebeeteepee@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebbeka Pareja at ( 443 ) 416 1556  
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. PH 1: 26

**FIRST:** The name of the limited liability company is: BCUBED PRODUCTIONS LLC  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: LZ0000395769

**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:

Under Article IV - Person(s) Authorized to Manage LLC:  
Rebbeka Pareja incorrectly given title of AP (Authorized Person).  
the correction is Rebbeka Pareja as Manager (MGR)

**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.

*Rebbeka Pareja* 04/09/2021  
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)