

L210000010152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

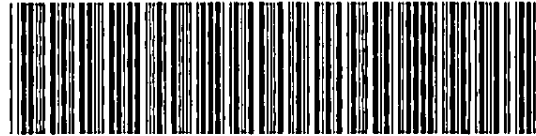
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/21--01015--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 22 PM 5:25

FILED

3/22/21

4/16/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2021

AMANDA NORMAN
5907 LAUREL CREEK TRAIL
ELLENTON, FL 34222

SUBJECT: AMANDA NORMAN REALITY, LLC
Ref. Number: L21000010152

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please list the incorrect statement, the reason the statement is incorrect, and the corrected statement.

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: 021A00004782

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMANDA NORMAN REALITY, 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:

AMANDA NORMAN

Name of Person

Firm/Company

5907 LAUREL CREEK TRAIL

Address

ELLENTON, FL 34222

City/State and Zip Code

amanda.norman419@gmail.com

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

For further information concerning this matter, please call:

AMANDA NORMAN

915

497-5689

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**

FILED

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: AMANDA NORMAN REALTY, LLC

2021 MAR 22 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L21000010152

THIRD: Document to be corrected is: Articles of Organization NAME

(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:

AMANDA NORMAN REALTY, LLC

(correct statement)

AMANDA NORMAN REALTY, LLC (INCORRECT statement)

Should be Realty NOT Reality.

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.

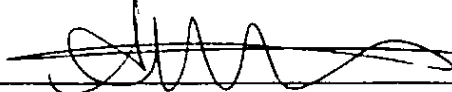
Signature of Authorized Representative

3/13/2021
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)