

L21000300583

(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.

Office Use Only



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08/19/21 09:00:00 \*\*25.00

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2021 AUG 19 AM 8:09

2021 AUG 18 PM 4:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

stml corr

AUG 20 2021  
ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Corporation Name & Document Number, (if known):**

1. MILADY'S GLUTEN FREE KINGDOM LLC L32000300583  
(Business Name) Document #

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait  
☐ Photocopy

☐ **Certified Copy of ARTICLES OF ORGANIZATION**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL () \_\_\_\_\_ Other  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MILADY'S GLUTEN FREE KINGDOM 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:

Andrew Gaunce

\_\_\_\_\_  
Name of Person

Gaunce Law PLLC

\_\_\_\_\_  
Firm/Company

2525 1st Ave N

\_\_\_\_\_  
Address

St Petersburg, FL 33712

\_\_\_\_\_  
City/State and Zip Code

andy@gauncelaw.com

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

For further information concerning this matter, please call:

Andy Gaunce

727

614-0550

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2021

FLORIDA CAPITAL COURIER

SUBJECT: MILADY'S GLUTEN FREE KINGDOM LLC  
Ref. Number: L21000300583

We have received your document for MILADY'S GLUTEN FREE KINGDOM LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature is illegible.

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.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 821A00019857

RECEIVED

2021 AUG 19 PM 1:42

Division of Corporations  
Tallahassee, Florida

**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: MILADY'S GLUTEN FREE KINGDOM LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.21000300583

**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:

The Manager's name is incorrectly spelled as Ericka Lundquist

The correct spelling of the Manager's name is Erika Lundquist

**OR**

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

**OR**

☐ The e[REDACTED] record was defective.



08/17/2021

Signature of Authorized Representative

Date

FILED  
2021 AUG 19 AM 8:09

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)