

K21 000414932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

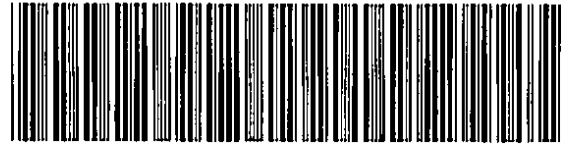
(Document Number)

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2021 OCT 26 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
Art. of  
Correction

DEC 04 2021

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global Casa Azul, 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:

Monica Velandia  
\_\_\_\_\_  
Name of Person

Global Casa Azul, LLC  
\_\_\_\_\_  
Firm/Company

10503 Chadbourne Dr.  
\_\_\_\_\_  
Address

Tampa, FL 33624  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Velandia                      813                      843-0122  
\_\_\_\_\_  
Name of Person                      at (                      )                      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: Global Casa Azul, LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000414932

**THIRD:** Document to be corrected is: Article 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 effective date for this Limited Liability Company shall be: 09/17/2021, incorrect effective date, should be effective 01/01/2022.

**OR**

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

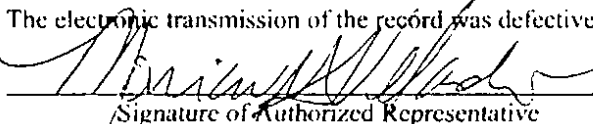
\_\_\_\_\_

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**OR**

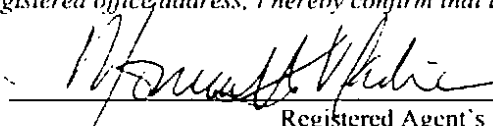
- ☐ The electronic transmission of the record was defective.

 10-21-2021  
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)

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TALLAHASSEE, FLORIDA

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