

121 000 534 022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

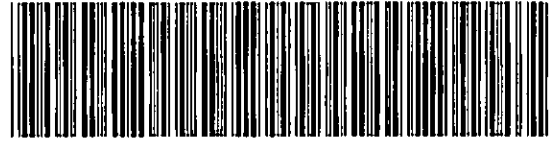
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR -2 AM 5:07

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MAR 07 2022

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE AUTHENTIC INVESTMENT GROUPLLC

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:

Ana Maria Parra

Name of Person

THE AUTHENTIC INVESTMENT GROUPLLC

Firm/Company

EIN 87-4627509

9041 Pembroke Road

Address

Pembroke Pines, FL 33025

City/State and Zip Code

parrana4@gmail.com

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

For further information concerning this matter, please call:

Ana Maria Parra

954

629-2264

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

February 11, 2022

ANA MARIA PARRA
9041 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

SUBJECT: THE AUTHENTIC INVESTMENT GROUP LLC
Ref. Number: L21000534022

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.

You failed to sign the form, list the document number and state the document you're correcting, which is the Articles of Organization.

Our office does not file the operating agreement as it should be kept with your records.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 122A00003500



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -2 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FL

February 11, 2022

ANA MARIA PARRA
9041 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

SUBJECT: THE AUTHENTIC INVESTMENT GROUP LLC
Ref. Number: L21000534022

Please see
corrections . ATTACHED

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Irene Albritton
Regulatory Specialist III

Letter Number: 122A00003500

**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: THE AUTHENTIC INVESTMENT GROUP LLC

SECOND: The Florida Document number of the limited liability company is: L21000534022

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:

Please correct the initial day of the LLC to 01/01/2022

OR

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

CHANGE THE EFFECTIVE DATE TO 01/01/2022

OR

- ☒ The electronic transmission of the record was defective.

Ana Maria Parra

01/21/2022

Signature of Authorized Representative

Date

2022 MAR -2 AM 5:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Signature of new registered agent, if applicable (a 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)