

L2200006931636

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000069316 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OOH LA LAMA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED  
2022 FEB 22 PM 12:31  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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FEB 25 2022

D CUSHING

## Leslie Sellers

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**From:** faxfinder@capitol-services.com  
**Sent:** Tuesday, February 22, 2022 3:36 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6383  
**Attachments:** fax\_outbound\_850-617-6383\_20220222\_143524\_0000586F-0000.pdf

Create Time: 02/22/2022 02:33:07 PM  
Schedule Time: 02/22/2022 02:35:24 PM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Leslie Sellers  
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.  
Subject: H22000069316  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 4  
Recipient fax: 850-617-6383  
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COVER LETTER

H22000069316

TO: Registration Section  
Division of Corporations

SUBJECT: Ooh La Lama, 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:

Tammy Eddings

Name of Person

Husch Blackwell LLP

Firm/Company

4801 Main Street Suite 1000

Address

Kansas City, MO 64112

City/State and Zip Code

tammy.eddings@huschblackwell.com

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

For further information concerning this matter, please call:

Tammy Eddings

816

983-8878

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

CR2E062 (9/15)

H22000069316

FILED  
2022 FEB 22 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: OOH LA LAMA, LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000066136

**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:

Article I- Name: The name of the limited liability company is Ooh La Lama, LLC. There was a typo in

the original Articles. Article I is to be deleted in its entirety and replaced with the following:

Article I- Name: The name of the Limited Liability Company is Ooh La Llama, LLC

**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.

Camryn 2/22/22  
\_\_\_\_\_  
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)**