

L23000291227

11/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

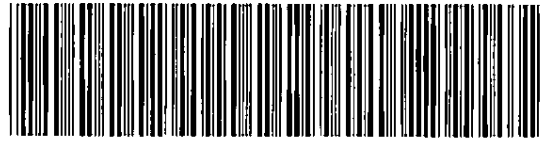
(Business Entity Name)

(Document Number)

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2023 DEC 14 PM 3:20  
CLERK OF STATE  
TALLAHASSEE FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORRECTION OF OFFICER NAME  
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:

GUERLINE R. WHITE

Name of Person

GUERLINESBOTIQUE LLC

Firm/Company

1003 57TH AVENUE DRIVE E.

Address

BRADENTON FL 34203

City/State and Zip Code

GUERLINESBOUTIQUE@GMAIL.COM

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

For further information concerning this matter, please call:

GUERLINE R. WHITE

Name of Person

941  
at ( Area Code

877 4354

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: GUERLINESBOUTIQUE LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000291227

**THIRD:** Document to be corrected is: NAME OF PERSON AUTHORIZED TO MANAGE LLC

**(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:

INCORRECT NAME OF MANAGER MISPELLED AS CHRISTERDLEY CARDICHON

CORRECT NAME SHOULD BE : CHRISTERDLEY CADICHON

(THERE IS NO "R" IN THE CADICHON)

**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.

Guerline B White  
Signature of Authorized Representative

12/9/2023  
Date

FILED  
2023 DEC 14 PM 3:20  
CLERK OF STATE  
TALLAHASSEE, FL

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.*

x Guerline B White  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)