

L24000096772

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

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Account Name : SANTUCCI PRIORE, P.L.
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SECRETARY OF STATE
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLAUDIA LORANT ENTERPRISES, LLC

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APR 02 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Claudia Lorant Enterprises, 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:

Lauren Perez

Name of Person

500law

Firm/Company

Museum Plaza, Suite 100 200 South Andrews Avenue

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

lperez@500law.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Lauren Perez

954

3517474

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)

**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: Claudia Lorant Enterprises, LLC

SECOND: The Florida Document number of the limited liability company is: L24000096772

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 IV states that Michael Santucci is the AMBR of the LLC. This is incorrect; Mr. Santucci is the Managing Partner of 500law, the LLC's Registered Agent, as indicated in Article III. The owner and AMBR of Claudia Lorant Enterprises, LLC is Claudia Susana Lora Velasco, 7601 East Treasure Drive, #1224, North Bay Village, FL 33141

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.

Lauren Perez April 2, 2024

Signature of Authorized Representative Date

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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.

Registered Agent's Signature

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