

L 24000150424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

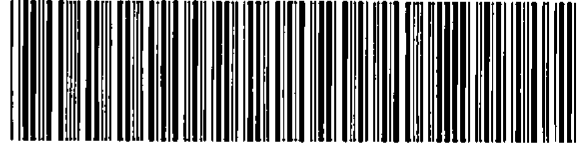
(Document Number)

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FILED  
2024 APR 18 AM 9:16  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Women's Wealth Circle, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Melia Arnett-Archie

Name of Person

Modern Creators Law Firm, PLLC

Firm/Company

901 South Federal Highway Suite 102

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Address

Fort Lauderdale, FL 33316

City/State and Zip Code

melia@moderncreatorslaw.com

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

For further information concerning this matter, please call:

Melia Arnett-Archie                      305                      305-1665  
\_\_\_\_\_  
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

**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: WOMEN'S WEALTH CIRCLE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000150424

**THIRD:** Document to be corrected is: Articles of Organization for Florida Limited Liability Company

**(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 incorrect statement is in Article V. The statement is incorrect because one of the MGR's names is misspelled.

MGR Selines Silvero 901 South Federal Highway Suite 102 Fort Lauderdale Florida 33316 should be corrected.

The correct spelling is MGR Selines Silverio 901 South Federal Highway Suite 102 Fort Lauderdale FL 33316

**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.

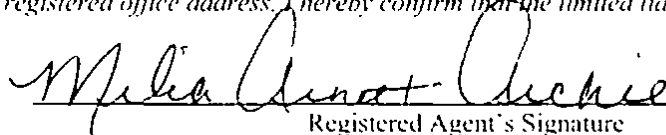
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
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)

FILED  
2024 APR 18 AM 9:16  
TALLAHASSEE  
STATE  
CLERK