

8/27/2024 11:10 AM

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

From:  
Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

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2024 AUG 27 AM 2:45  
TALLAHASSEE, FLORIDA

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

Email Address: karmada@olivejudd.com

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Division of Corporations  
Tallahassee, Florida

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FABELA PALM BEACH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY  
AUG 28 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FABELA PALM BEACH 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:

KRISTY E. ARMADA, ESQ.

\_\_\_\_\_  
Name of Person

OLIVE JUDD, P.A.

\_\_\_\_\_  
Firm/Company

2426 EAST LAS OLAS BOULEVARD

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

KARMADA@OLIVEJUDD.COM

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

For further information concerning this matter, please call:

KRISTY E. ARMADA

954

334-2250

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,  
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CR2E062 (9/15)

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2024 AUG 27 AM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASTATEMENT 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: FABELA PALM BEACH LLCSECOND: The Florida Document number of the limited liability company is: 1.24000341190THIRD: Document to be corrected is: Articles of Amendment (filed 08.23.2024)(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 Title for Fabela, Inc. due to clerical error.

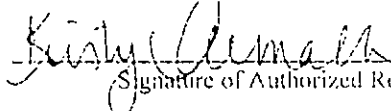
Corrected Statement: The correct title for Fabela Inc. is AMBR

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 Representative8/27/2024  
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 SignatureFiling Fee: \$25.00  
Certified Copy: \$30.00 (optional)