

L240000380082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

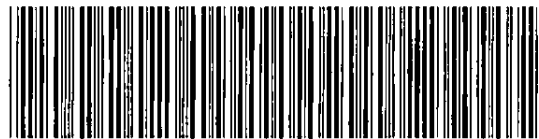
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 19 2024

Office Use Only



500436192255

09/16/24--01025--007 **25.00

FILED

2024 SEP 16 PM 1:01

OSELIA ESPINAL
Florida Registered Paralegal
2261 SE 25TH AVENUE
Homestead, FL 33035
Email: oselia.espinal@gmail.com
Tel: 305-773-7910

September 11, 2024

VIA FEDEX

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 323203

RE: AJ Rodriguez Nursery LLC
Document number L24000380082

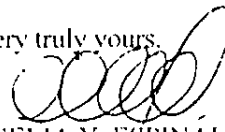
Dear Sirs:

Please find attached the following documents for your review and filing:

- 1) Cover letter and Money Order for \$25.00 for the filing fee;
- 2) Copy of the filed Articles of Organization filed August 29, 2024 for the above referenced company; and
- 3) Statement of Correction within the 30 days after filing of the Articles of Organization.

Please process the enclosure as soon as possible and if you have any questions or comments, do not hesitate to contact me.

Very truly yours,



OSELIA Y. ESPINAL
Florida Registered Paralegal
Cellular: 305-773-7910

OYE/
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJ RODRIGUEZ NURSERY 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:

OSELIA ESPINAL

Name of Person

Florida Registered Paralegal

Firm/Company

2261 SE 25TH AVE.

Address

HOMESTEAD, FL 33035

City/State and Zip Code

oselia.espinal@gmail.com

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

For further information concerning this matter, please call:

Oselia Espinal

305

773-7910

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

**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: AJ RODRIGUEZ NURSERY LLC

SECOND: The Florida Document number of the limited liability company is: 1.24000380082

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:

To add the following articles to the Articles of Org.: ARTICLE IV: This limited liability company may engage

or transact in any or all lawful activities or business permitted under the laws of the United States, the State of

Florida or any other state, country, territory or nation. ARTICLE V: The names and addresses of the persons

authorized to manage the LLC: MGR-ARTURO JAIMES, 15403 SW 276 STREET, HOMESTEAD, FL 33032

AND MGR-MARIA BELDA JAIMES, 15403 SW 276 STREET, HOMESTEAD, FL 33032

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 OSELIA ESPINOSA

Date 9/10/24

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)