

L24000428136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

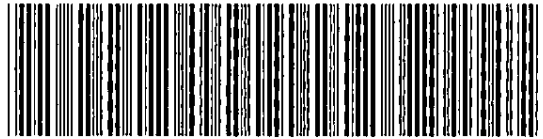
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/05/24--01007--021 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 NOV -5 AM 8:32

FILED

Gloria Estevez Perez  
5616 Marigold Way. Apt 103  
Naples, Florida 34109  
Email: gloriaestevez4474@yahoo.com  
Phone: 239-296-4257

October 28, 2024

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 34109

Dear Sirs:

I am writing to you to request a correction to the information on my limited liability company (LLC). I have sent the corresponding form, since I do not appear as a person authorized to open the company's bank account, only my partner appears, and I ask that this be corrected in order to continue with the corresponding steps.

I did my best to complete the form, as it is necessary to include my name, Gloria Estevez Perez, as an authorized person as well. My address is: 5616 Marigold Way, Apt 103 Naples, Florida 34109

This is the same address as my partner in this small business. I appreciate your attention to this request in advance and look forward to your prompt response.

Sincerely,



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Gloria Estevez Perez

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Estevez Proclean LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria Estevez Perez

Name of Person

Estevez Proclean LLC

Firm/Company

5616 Marigold Way, Apt 103,

Address

Naples, Florida 34120

City/State and Zip Code

gloriaestevez4474@yahoo.com

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

For further information concerning this matter, please call:

Gloria Estevez Perez 239 296-4257  
Name of Person at (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: Estevez Proclean LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000428136

**THIRD:** Document to be corrected is: Articles of Organization 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 Statement: Authorized Person Detail has no name or address. Reason the Statement is Incorrect: The

Authorized Person Detail section should include the name and address of the authorized person. Corrected

Person Detail include the name Gloria Estevez Perez at 5616 Marigold Way, Apt 103, Naples Florida 34109

**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.

 10/31/2024

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)