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COVER LETTER

Registration Section Division of Corporations

CELMA ART BOKERS ELC

JECT:

Name of Limited Liability Company

Sir or Madam:

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

se return all correspondence concerning this matter to the following:

S SALCEDO

Name of Person

R

Firm/Company

5 W 60 ST APT M 205

Address

ALEAH, FL 33012

City/State and Zip Code

ALCEDO01@GMAIL.COM

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

further information concerning this matter, please call:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

closed is a check for the following amount:

\$25 Filing Fee

■ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status Certified Copy S60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

ant to section 605.0209. F.S., this document is being submitted to correct a previously filed document.

<u>CELMA ART BOKERS LLC</u>

OND: The Florida Document number of the limited liability company is: ______

RD: Articles of Organization Company Name

(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:

checking the details I see that I missed type the word Brokers. The company was registered as

CELMA ART BOKERS LLC: and the correct one is CELMA ART BROKERS LLC.

it is possible that you can update and correct the word from BOKERS to BROKERS

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

<u>OR</u>	
The electronic transmission of the record was defective.	11/9/21
Signature of Authorized Representative	Date C

ature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign sting the designation).

Registered Agent's Signature, if changing Registered Agent;

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merchy I a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing 's change.

	\sim
Registered Ager	His jenature
Filing Fee:	\$25.00
Certified Copy:	\$30.00 (optional)