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## **COVER LETTER**

TO: Registration Division of C			
Arts & C	Crafts of the Palm Beaches, I	LLC	
SUBJECT:	1	Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for filing	g.
Please return all corre	spondence concerning this n	natter to the following	3:
Stephanie Gordon			
	Name of Person		-
	Firm/Company		-
58 Hickory Hill Road			
	Address		-
Tequesta, FL 33469			_
	City/State and Zip Code		
-	nbeaches@gmail.com		
E-mail address:	(to be used for future annua	report notification)	-
For further informatio	n concerning this matter, pl	ease call:	
Stephanie Gordon		561	818-4747
Nam	ne of Person	at ( Area Code	Daytime Telephone Number
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or the following amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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. Arts & Crafts of the PAIm Beaches, LLC FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: \_ SECOND: Document to be corrected is: Articles OF Incorporation THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT M Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect start date 12/05/2024 Correct start date 01/01/2025 The reason is because the business will not start until January of 2025 <u>OR</u> 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.

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)