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COVER LETTER .

TO: Registration Division of 0			
su bje ct:	canks Hotsh	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filin	g.
Please return all corre	spondence concerning this r	natter to the following	g:
Francis	Name of Person		-
Feanks		_C	-
2824 71	,		_
Kissim	Address NICE FL 3' City/State and Zip Code	i744	-
BKC E-mail address:	. 34744 & Gn (to be used for future annua	Val. Com Treport notification)	_
For further information Francisco	on concerning this matter, pl	ease call:at (737-6458
Nan Mailing Ado	ne of Person	Area Code	Daytime Telephone Number Street Address:
Registratio	on Section		Registration Section
Division o P.O. Box (f Corporations		Division of Corporations The Centre of Tallahassee
	e, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Englosed 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

ا شر

	to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Franks Holshols LLC
SECON	20022/1/20212
/	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
a d	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Incorrect Statement Franks Hotshots LLC Was Spell incorrectly. The Correct Mane is Franks Hotshot III
	Trains The Coc.
	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. Thanks of Markon 12/6/19 Signature of Authorized Representative Date
	e of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
I hereby provisio obligatio	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange.
	Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)