

L20000084494

(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:

Office Use Only



900342214829

FILED

2020 MAR 30 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 MAR 30 11:54

V. SULKER

APR 07 2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 3/30/20**

**NAME: N-WIDE CONSTRUCTION SERVICES LLC**

**TYPE OF FILING: STATEMENT OF CORRECTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2020

FLORIDA FILING

SUBJECT: N-WIDE CONSTRUCTION SERVICES LLC  
Ref. Number: L20000084494

We have received your document for N-WIDE CONSTRUCTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please only check one box and complete the applicable statement for that chosen box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 320A00006973

RECEIVED  
2020 APR -6 PM 1:43  
FLORIDA DEPARTMENT OF STATE

*PLEASE keep original file date.*

*Thank you!*

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N-Wide Construction Services 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:

Gabriela Arias

Name of Person

ZenBusiness PBC

Firm/Company

702 San Antonio St. 4th Floor

Address

Austin, TX 78701

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Gabriela Arias

512

237-7349

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: N-Wide Construction Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000084494

**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:

Future filed date was mistakenly included

The incorrect statement is: Effective day 6/11/2020

The correct statement is: Effective 3/18/2020

**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.

Mark Allen France 3/26/2020  
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)**

FILED  
2020 MAR 30 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA