120000084494

(Re	questor's Name)				
(Address)					
(Address)					
(City	y/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Cenified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



900342214829

2020 HAR 30 AM 9, 28

FILED

K#230 . . T. U

Y SULKER APR 0.7 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

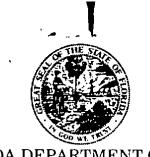
COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL 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

Please

reep original file dute.

Thank you!

www.sunbiz.org

COVER LETTER

	stration S sion of C	ection orporations				
SUBJECT:	N-Wide Construction Services LLC					
Jobalet	-	Name of Limited Liability Company				
Dear Sir or Ma	adam:					
The enclosed S	Statemer	nt of Correction and fee(s) a	re submitted for filin	g.		
Please retum a	all corres	pondence concerning this r	natter to the following	g:		
Gabriela Arias	s					
		Name of Person		-		
ZenBusiness F	РВС					
		Firm/Company		-		
702 San Antoi	nio St. 4	th Floor				
		Address		-		
Austin, TX 78	3701					
		City/State and Zip Code	<u>.</u> .,	-		
fulfillment@z	enbusine	ess.com				
E-mail ac	ddress: (to be used for future annual	report notification)	-		
For further info	ormation	concerning this matter, ple	ease call:			
Gabriela Arias	s		512 at (237-7349		
	Name	e of Person	Area Code	Daytime Telephone Number		
Regi Divi: P.O.	sion of Box 63	n Section 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 fa	r the following amount:				
©\$25 Filing F	Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 So0 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 The Florida Document number of the limited liability company is: L20000084494 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT R 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 <u>OR</u> 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. Mark Allen France
Signature of Authorized Representative 3/26/2020 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)