## L21000046983

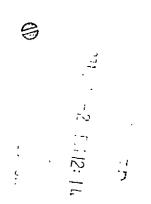
(Requestor's Name)					
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P MAIL MAIL					
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(Document Number)					
Centificates of Status					
Special Instructions to Filing Officer					

Office Use Only



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O SIMMONS APR 0 5 2021

## **COVER LETTER**

TO:

TO: Registration Division of	on Section f Corporations			
: MAI SUBJECT:	CRO STRATEGY ADVISOR	RS GROUP LLC		ĺ
		Name of Limited Lia	bility Company	_
Dear Sir or Madam	:			: [ [
The enclosed States	ment of Correction and fee(s)	are submitted for filin	ng.	
Please return all con	respondence concerning this	matter to the followir	ng:	
NESTOR GUILLE	N			
	Name of Person		_	
GUILLEN PUJOL	CPAs			
	Firm/Company		_	
2250 SW 3RD AVI	E. SUITE 150			
	Address		<del></del> 	
MIAMI, FŁ 33129				
	City/State and Zip Code	·- · · · · · · · · · · · · · · · · · ·	-	
INFO@GUILLENI	PUJOL.COM			
E-mail address	s: (to be used for future annua	report notification)	_	
For further informat	ion concerning this matter, p	lease call:		
NESTOR GUILLE	N	305	831-4093	
Na	ame of Person	at ( Area Code	Daytime Telephone Number	-
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	: 810
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	
CR2E062 (9/15)				

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	
	Registered	Agent's Signature	-
New Re I hereby provision obligati	egistered Agent's Signature, if changing Registered Agent accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete poons of my position as registered agent as provided for a change in the registered office address, I hereby confi	ent: to act in this capacity. I further agree t erformance of my duties, and I am famil in Chanter 605 F.S. Or if this documen	o comply with the iar with and accept the
Signatu	re of new registered agent, if applicable :( NOTE: if co	Date rrecting the registered agent, the new re	gistered agent must sign
	The electronic transmission of the record was defective.  Signature of Authorized Representative	2/26/2021	
	<u>OR</u>		
	OR  Was defectively signed. The manner in which the doc as follows:	cument was defectively signed and the a	appropriate correction are
	so we need to remove it. The correct name is MACRO S	STRATEGY ADVISORS GROUP LLC	
Ø	Contains an incorrect statement. The incorrect statem statement are as follows:  The name is incorrect. There is a typo, a colon was added.		•
$\int$	(CHECK THE APPROPRIATE BOX AND	i	ربيه
THIR	THE CAMPICALA	IAME	2
SECO	ND: The Florida Document number of the limited	l liability company is: L21000046983	2021 APR
IIIOI	. The hame of the finnied hability company is:		2521
	: The name of the limited liability company is:		