

L210000 61183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

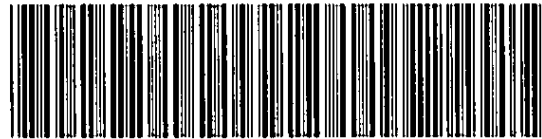
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2021 MAY -3 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FL

Statement
of Correction
Name Change

JUN 08 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMADO HOUSE RANCH 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:

ELIZABETH MONTEALEGRE

Name of Person

Firm/Company

12 NW 86 STREET

Address

EL PORTAL, FL 33150

City/State and Zip Code

ADAMOHOUSERANCH@GMAIL.COM

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

For further information concerning this matter, please call:

ELIZABETH MONTEALEGRE

305

205-3955

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

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2021 MAY -3 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY -3 PM 12:56

SEC
TALLAHASSEE, FL

April 21, 2021

ELIZABETH MONTEALEGRE
12 NW 86 STREET
EL PORTAL, FL 33150

SUBJECT: AMADO HOUSE RANCH LLC
Ref. Number: L21000061183

We have received your document for AMADO HOUSE RANCH 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):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 221A00008275

**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: AMADO HOUSE RANCH LLC

SECOND: The Florida Document number of the limited liability company is: L21000061183

THIRD: Document to be corrected is: L21000061183

(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:

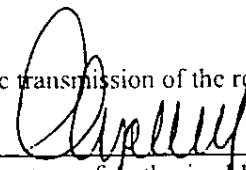
NAME OF CORPORATION IS MISPELLED (AMADO). THE CORRECT NAME IS "ADAMO HOUSE
RANCH LLC"

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.

X  4/30/2021
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
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SECRETARY OF STATE
TALLAHASSEE, FL