

L21000498853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

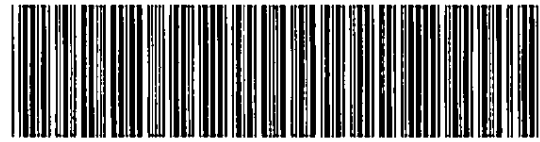
(Business Entity Name)

(Document Number)

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100377852911

Statement of Correction

12.19.21--03011--0.14 \*\*25.00

2022 FEB 10 AM 11:22  
STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE

FILED

A. RAMSEY  
FEB 10 2022

X-00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2022

JASON ECKMANN  
3GUYS PROPERTIES LLC  
1802 N. ALFAYA TRAIL, SUITE 160  
WINTER SPRINGS, FL 32801 US

SUBJECT: 3 GUYS PROPERTIES, LLC  
Ref. Number: L21000498853

We have received your document for 3 GUYS PROPERTIES, 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 have an authorized representative sign the form in the space provided towards the bottom of the page and white out the registered agent's signature since the registered agent is not changing.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 222A00000416

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3 Guys Properties, 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:

Jason Eckmann

\_\_\_\_\_  
Name of Person

3 Guys Properties, LLC

\_\_\_\_\_  
Firm/Company

1802 N. Alafaya Trail

\_\_\_\_\_  
Address

Winter Springs, FL 32801

\_\_\_\_\_  
City/State and Zip Code

Eck45@msn.com

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

For further information concerning this matter, please call:

Jason Eckmann

407

486-9888

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

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document on 2022 FEB 10 AM 11: 22

**FIRST:** The name of the limited liability company is: 3 GUYS PROPERTIES LLC

**SECOND:** The Florida Document number of the limited liability company is: L21006495353

**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:

AUTHORIZED PERSON WAS LISTED AS 'STOLLY PRODUCTIONS'  
SHOULD BE LISTED AS 'STOLLY MANAGEMENT, 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.

 2/10/22  
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)