

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001214013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
			-

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAMURI ECHELON LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

YPR 03 2024 $_{
m qleH}$ T. LEMIEUX •

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

	-	ction;605.0209, F.S., this document is		•••	ument.				
FIRST:	The n	ame of the limited liability company	KAMURI E	CHELON LLC			_		
						1			
SECON	(D:	The Florida Document number of	the limited liab	ility company is: L23000415987			_		
THIRD	;	Document to be corrected is:	les of Organizat	ion		<u>.</u>	_		
		CHECK THE APPROPRIATE BO				NT			
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:								
	Article IV is missing from the original articles. The corrected statement is: ARTICLE IV- The name and address of								
	each person authorized to manage and control the Limited Liability Company: Title: Manager, Name: Awore Uriri								
	Title: Manager, Name: Mariah Kamal Both addresses are: 4564 YELLOWGOLD RD E. KISSIMMEE, FL 34746.								
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:								
						202			
				- ,		2024 APR	-		
		ABA-044-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9				2-2	- =		
	<u>OR</u>					WH IO:	ה - כ		
	The e	lectronic transmission of the record w	ras defective.		π_i	42			
	Kr	isten Espinales	Kri	sten Espinales, Attorney-in-Fact	4/2/2024				
		Signature of Authorized Represe	entative	Date					
		ew registered agent, if applicable :(N designation).	OTE: if correc	ting the registered agent, the new	registered	agent n	ust sign		
I hereby provisio obligation	acces ons of consoft ons of chan	ed Agent's Signature, if changing Regot the appointment as registered agen all statutes relative to the proper and my position as registered agent as proper in the registered office address, I have	t and agree to c complete perfo ovided for in C	rmance of my duties, and I am fan hapter 605, F.S. Or, if this docum	uliar with ent is being	and áce g file d i	cept the to merely		
			Registered Age	nt's Signature					
		Fili Certified	ng Fee: Copy:	\$25.00 \$30.00 (optional)					