## L25 000 064 673

(Requestor's Name)					
(Address)					
(1001000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Cartified Coolean Contilienton of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					
TG 4/10/25					

Office Use Only



500445994345

09:09:09:-01620: -016 4-21.00

25 MAR -6 FN 3- GN

## **COVER LETTER**

TO: Registration Division of C							
	Partnership, LLC						
Wame of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for filing	g.				
Please return all corre	spondence concerning this n	natter to the following	3:				
Roxanne Bruner							
	Name of Person		-				
Results Partnership, I	.LC						
	Firm/Company		-				
2011 Bradway St NE							
	Address		_				
Palm Bay, FL 32905							
	City/State and Zip Code		•				
resultsfl@gmail.com							
E-mail address:	(to be used for future annual	report notification)	-				
For further informatio	n concerning this matter, ple	ease call:					
Roxanne Bruner		360	401-5536				
Nan	ne of Person	at ( Area Code	Daytime Telephone Number				
P.O. Box 6	n Section f 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 f	or the following amount:						
S25 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

	it to section 605.0209, F.S., this document is being submitted to correct a previously file.  Results Partnership, LLC:	ed docur	nent.	_				
ercas	ND: The Florida Document number of the limited liability company is: L2500006	4673	<del>-</del>					
Effective Date changed to February 18, 2025			_		<del></del>			
THIRL	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICAL	———- RLE ST/	TEMF	NT				
	Contains an incorrect statement. The incorrect statement, the reason the statement is statement are as follows:  An effective date of May was entered online with the original application, this is an error.	incorrect	, and the	e corre	ected			
	effective date to Feb 18, 2025. I would like my LLC to be active immediately.							
Old	Was defectively signed. The manner in which the document was defectively signed a as follows:	ind the ap	opropria	te cor	rection are			
				₹0 -	7			
$-\alpha$	OR  The electronic transmission of the record was defective.		E CLORIDA	四日 3: 年1	m O			
	Signature of Authorized Representative	Date		_				
	are of new registered agent, if applicable :( NOTE: if correcting the registered agent, the ng the designation).	e new reg	gistered	agent	must sign			
I hereb provisio	egistered Agent's Signature, if changing Registered Agent:  y accept the appointment as registered agent and agree to act in this capacity. I further  ons of all statutes relative to the proper and complete performance of my duties, and I i  ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this i  a change in the registered office address, I hereby confirm that the limited liability con  change.	am Jamui documen	iar wun t is bein	ana a g filec otifiec	ccept ine l to merely l in writing			
	Registered Agent's Signature	<del>_</del> _	·	~ /				

Filing Fee: Certified Copy: \$25.00

\$25.00 \$30.00 (optional)