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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/13/19

NAME: DAYWORLD TRADE & SERVICES LLC

TYPE OF FILING: CORRECTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2019

FLORIDA FILING & SEARCH SERVICES, INC. 101 MAIN ST, SUITE ONE TAPPAN, NY 10983

SUBJECT: DAYWORLD TRADE & SERVICES LLC

Ref. Number: L19000028770

We have received your document for DAYWORLD TRADE & SERVICES LL& and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 319A00003176

Please keep original file date. Thank you!



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.

<u>IRST</u> : The r	name of the limited liability company is:	
	Dayworld Trade & Services LL	C
ECOND:	The Florida Document number of the limited lial	nility company is: L19000028770
	Document to be corrected is: Articles of C	Organization:
HIRD:	Document to be corrected is:	71 garii 2 ddoi 1
	(CHECK THE APPROPRIATE BOX AND CO!	MPLETE THE APPLICABLE STATEMENT
	ains an incorrect statement. The incorrect statement ment are as follows:	the reason the statement is incorrect, and the corrected
The	e name of the entity was incorred	ctly spelled. Article 1 should read:
The	e name of the limited liability compar	y is Dayworld Trade & Services LLC
		S. C.
<u>OR</u>		
] Was o	defectively signed. The manner in which the docum	ent was defectively signed and the appropriate correction ar
as for	iows:	D: 5
<u></u> <u>OR</u>		
	lectronic transmission of the record was defective	7-1
	Signature of Authorized Representative	
cepting the	ew registered agent, if applicable :(NOTE: if corrected designation).	ting the registered agent, the new/registered agent must sign
hereby accep ovisions of a oligations of	ill statutes relative to the proper and complete perfo my position as registered agent as provided for in C ze in the registered office address, I hereby confirm	act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept the hapter 605, F.S. Or. if this document is being filed to merely that the limited liability company has been notified in writin
	Registered Age	nt's Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)