## 2000386596

| (Red                                    | questor's Name)   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Address)                               |                   |             |  |  |  |
| (City                                   | y/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | MAIT              | MAIL        |  |  |  |
| (Bus                                    | siness Entity Nar | ne)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Malli Solutions LLC                          | <u> </u>  |      |                                |  |
|--|-----------|------|--------------------------------|--|
|  |           |      |                                |  |
|  |           |      |                                |  |
| <del></del>                                  |           |      | <del>- </del>                  |  |
|  | ····      |      |                                |  |
|  |           |      | Art of Inc. File               |  |
|  |           |      | LTD Partnership File           |  |
|  |           |      | Foreign Corp. File             |  |
|  |           |      | L.C. File                      |  |
|  |           |      | Fictitious Name File           |  |
|  |           |      | Trade/Service Mark             |  |
|  |           |      | Merger File                    |  |
|  |           |      | Art. of Amend. File            |  |
|  |           |      | RA Resignation                 |  |
|  |           |      | Dissolution / Withdrawal       |  |
|  |           |      | Annual Report / Reinstatement  |  |
|  |           |      | Cert. Copy                     |  |
|  |           |      | Photo Copy                     |  |
|  |           |      | Certificate of Good Standing   |  |
|  |           |      | Certificate of Status          |  |
|  |           |      | Certificate of Fictitious Name |  |
|  |           |      | Corp Record Search             |  |
|  |           |      | Officer Search                 |  |
|  |           |      | Fictitious Search              |  |
| Signature                                    |           |      | Fictitious Owner Search        |  |
| - g··-···                                    |           |      | Vehicle Search                 |  |
|  |           |      | Driving Record                 |  |
| Requested by: SETH                           |           |      | UCC 1 or 3 File                |  |
| Name   | Date      | Time | UCC 11 Search                  |  |
| Nume   | Date      | THIC | UCC II Retrieval               |  |
| Walk-In Ponder's Printing - Thom levine GA & | Will Pick | Up   | Courier                        |  |

## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| SUBJECT: Malli Solutions LLC   |  |   |  |  |  |  |
|  | N                                      | ame of Limited Liabi  | lity 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:  |  |   |  |  |  |  |
| Mimi Bared   |  |   |  |  |  |  |
|  | Name of Person                         |   |  |  |  |  |
| Bared & As   | sociates, P.                           | Α.  |  |  |  |  |
|  | Firm/Company                           | <del> </del>  |  |  |  |  |
| 201 Alham  | bra Circle, S                          | Suite 501   |  |  |  |  |
|  | Address                                |   |  |  |  |  |
| Coral Gable  | es, FL 3313                            | 4   |  |  |  |  |
| C  | ty/State and Zip Code                  |   |  |  |  |  |
| mimi@baredlaw.com  |  |   |  |  |  |  |
| E-mail address: (to  | be used for future annual              | report notification)  |  |  |  |  |
|  |  |   |  |  |  |  |
| For further information concerning this matter, please call:   |  |   |  |  |  |  |
| Mimi Bared   | 1                                      | <sub>at</sub> 305   | 666-6010   |  |  |  |
| Name o   | f Person                               | Area Code   | Daytime Telephone Number                                 |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 266! Executive Center Circle Tallahassee, Florida 32301 |  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |  |
| Enclosed is a check for the following amount:  |  |   |  |  |  |  |
| \$25 Filing Fee  | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy   | & S60 Filing Fee, Certificate of Status & Certified Copy |  |  |  |
| CR2E062 (9/15)   |  |   |  |  |  |  |

## 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: Malli Solutions LLC The Florida Document number of the limited liability company is: L20000386596 SECOND: Document to be corrected is: L20000386596 THIRD: (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: The name of Manager needs correction. Currently shows as Maria Luz Hernandez. The name should appear as Martha Luz Rodriguez. Rodriguez is the last name. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are П as follows: OR The electronic transmission of the record was de 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)