

# L21 0000 34162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

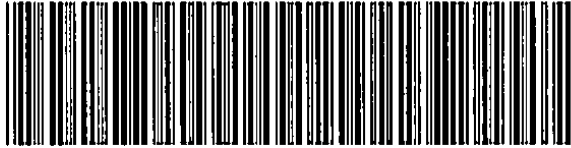
(Business Entity Name)

(Document Number)

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2021 FEB -5 PM 6:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/26/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1102 Puleo, 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:

Susan A. Lopez

Name of Person

Susan A. Lopez, PA

Firm/Company

4400 North Federal Highway, Suite 42

Address

Boca Raton, Florida 33431

City/State and Zip Code

susan@susanalopezpa.com

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

For further information concerning this matter, please call:

Susan Lopez

561

367-1418

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**

2021 FEB -5 PH 6:27

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: 102 PULEO, LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L21000034162

**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:

The Incorrect statement is: 102 PULEO, LLC; that was a typographical error, a number was left off of the name;

the Correct name should be 1102 PULEO, 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.

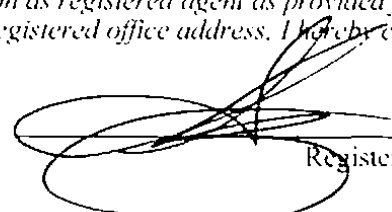
  
Signature of Authorized Representative

2/4/21  
Date

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

Signature of new Registered Agent, if changing Registered Agent:

*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)