

L0500005/263

2005 JUN 22 P 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500054487875

(Registrant's Name)
JASON SVANERKOPF
3914 SW 11th Ave.
Cape Coral FL. 33914

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 8, 2005

JASON SVARCZKOPF
3914 SW 11TH AVE.
CAPE CORAL, FL 33914

SUBJECT: MACHWERKS LLC
Ref. Number: L05000051263

We have received your document for MACHWERKS LLC. However, the document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 905A00040220

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

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
Machwerks LLC

SECOND: The articles of organization or the application to transact business

(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 Articles of Organization for Machwerks LLC were meant to be filed under
the name of ONLY Jason Svarczkopf, thus forming a single member domestic
LLC that accepts the default classification of a sole proprietorship not requiring
an EIN. (as instructed on IRS instruction form SS-4. Thank You.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: _____

5-25 05
Jason Svarczkopf 5-25-05
Signature of a member or authorized representative of a member

Jason Svarczkopf 05/25/05

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)