

L12 0000 14454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

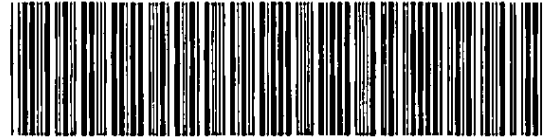
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT

JAN 08 2020

277 NOV 20 AM 10:23

*Statement
of
concern*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AETAS INTERNATIONAL, 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:

IRA M WITLIN, ESQ.

Name of Person

LAW OFFICE OF IRA M WITLIN

Firm/Company

9990 SW 77 AVENUE, PH-6

Address

MIAMI, FL 33156

City/State and Zip Code

MCELEK11@YAHOO.COM

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

For further information concerning this matter, please call:

IRA WITLIN, ESQ

305

386-1622

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**

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: AETAS INTERNATIONAL, LLC

SECOND: The Florida Document number of the limited liability company is: L12000014454

THIRD: Document to be corrected is: ARTICLES of AMENDMENT -Name Change

(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 street address had a WRONG Suite number: Suite 4-496 at 20533 Biscayne Blvd., Aventura, FL 33180.

The CORRECT SUITE NUMBER IS 4-946, AT 20533 Biscayne Blvd., Aventura, FL 33180-1529

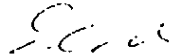
OR

☐ 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.

PETER ELEK



November 16, 2020

Signature of Authorized Representative

Date

NOV 20 11:10:23

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)