

8/8/23, 2:48 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L12000028151**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000275391 3)))



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Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
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Phone : (954)208-0845  
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2023 AUG 14 PM 3:22

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA UCC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG -8 AM 9:30

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PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 06/08/2023

Electronic Filing Menu

Corporate Filing Menu

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**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: FLORIDA UCC, LLC

**SECOND:** The Florida Document number of the limited liability company is: 112000028151

**THIRD:** Document to be corrected is: Amendment to Articles of Organization filed July 26, 2023

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The 2nd page of the Amendment was erroneously attached and is a signature page not related to the Amendment

and should be removed.

**OR**

☐ The electronic transmission of the record was defective.

Rita Chambers

Signature of Authorized Representative

August 8, 2023

Date

2023 AUG - 8 AM 9:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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)