

L12 0000057935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

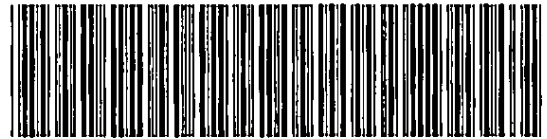
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R. WHITE  
JAN 07 2021

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tropical Accounting & Consulting Services LLC.  
Name of Corporation

DOCUMENT NUMBER: 212000057935

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Matiska  
Name of Contact Person

Tropical Accounting & Consulting Services.  
Firm/Company

3554 Woods Walk Blvd.  
Address

Lake Worth, FL 33467.  
City/State and Zip Code

Marie@TropicalAccounting.com.  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Matiska at ( 561 ) 963-9319  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 12 04 12:01

December 4, 2020

MARIE MATISKA  
3554 WOODS WALK BLVD  
LAKE WORTH, FL 33467

SUBJECT: TROPICAL ACCOUNTING & CONSULTING SERVICES LLC  
Ref. Number: L12000057935

We have received your document for TROPICAL ACCOUNTING & CONSULTING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 620A00024314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tropical Accounting Consulting Services 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:

Virgian Marie Matiska.  
Name of Person

Tropical Accounting Consulting Services LLC.  
Firm/Company

3554 Woods Walk Blvd.  
Address

Lake Worth, FL. 33467.  
City/State and Zip Code

marie@tropicalaccounting.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

marie matiska at (561) 963-9319  
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: Tropical Accounting & Consulting Services LLC <sup>26</sup>

**SECOND:** The Florida Document number of the limited liability company is: L12000057935.

**THIRD:** Document to be corrected is: Authorized Person & Registered agent name.

**(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:

~~See~~ When the LLC was set up the person setting it listed my name as Marie Matiska because I go by my middle name. I need my full name Virian Marie Matiska to be on my 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 Date

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.*

Marie  
Registered Agent's Signature

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