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(Requestor's Name)						
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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S. YOUNG

COVER LETTER

TO: Registration ! Division of C			
Certified SUBJECT:	Accounting Services LLC		
SUBJECT:	1	oility Company	
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) a	re submitted for filin	g.
Please return all corre	spondence concerning this r	natter to the following	g:
John Patterson			
	Name of Person		-
Certified Accounting	Services		
	Firm/Company	·	-
5442 SE Moseley Dr			
	Address		_
Stuart, FL 34997			
-	City/State and Zip Code		-
johnpatterson911@gn	nail.com		
E-mail address: (to be used for future annual	report notification)	-
For further informatio	n concerning this matter, ple	ease call:	
John Patterson		561 at (543-9264
Nam	e of Person	Area Code	Daytime Telephone Number
P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or 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

			s document is being submitt		led document.			
<u>FIRST</u>	: The na	ame of the limited liabil	ity company is: Certified Ac	counting Services LLC	<u> </u>			
<u>SECO</u>	ND:		nt number of the limited liab					
<u>THIRI</u>	<u>D</u> :	Document to be corre	ected is:					
,	(CHECK THE APPRO	OPRIATE BOX AND COM	IPLETE THE APPLICA	BLE STATEMENT			
X		ins an incorrect statemenent are as follows:	nt. The incorrect statement.	the reason the statement is	incorrect, and the corre	ected		
	Remo	Remove Liuba P Valdes as an officer of the company. This was identity theft and she is in no way associated with						
	the co	mpany. She was added w	rithout our knowledge or con-	sent				
								
	ΟD							
	<u>OR</u>							
E.	Was d		manner in which the docum	ent was defectively signed a	and the appropriate cor	rection are		
	as ion	ows:						
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					AON PER	1304-04		
	<u>OR</u>) O	****		
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	The el	ectronic transmission o	f the record was defective.		၂၂ / / ့ပ	E gove		
		- MA	in ad Damasa antation		Date 11/9/2015			
		- ()	rized Representative					
Signati accepti	are of no	ew registered agent, if a lesignation).	pplicable :(NOTE: if correc	ting the registered agent, th	e new registered agent	must sign		
New R	egistere	d Agent's Signature, if	changing Registered Agent:	and the second second		el		
provisi	ons of a	ll statutes relative to the	gistered agent and agree to e proper and complete perfo	rmance of my duties, and I	am familiar with and a	ccept the		
obligat retlect	ions of a	my position as registere te in the registered offic	d agent as provided for in C e address, I hereby confirm	Chapter 605, F.S. Or, if this that the limited liability con	document is being filea npany has been notified	to merely Lin writing		
	change.		1 11.					
		Th	A Partt					
		()	Registered Age	ent's Signature				
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				

Statement of Fact

This letter serves as certification that an unauthorized individual has been added to the corporate record of Certified Accounting Services LLC on Sunbiz by the Divisions of Corporations.

Liuba Valdes is in no way affiliated with Certified Accounting Services LLC and her information was added without our knowledge or consent.

Only John Patterson is an authorized officer.

John Patterson

MGRM – Certified Accounting Services LLC

Johnpatterson911@gmail.com

(772) 742-2858

Date

State of _____ County of Subscribed and sworn before me on /

Notary Signature

11-16-20

Notary Public State of Flonda Becky Bigh Ngoc Tran My Commission GG 081789 Expires 06/28/2021