

✓

L14 000087900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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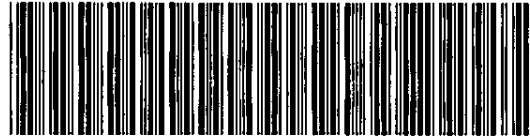
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tripe AAces, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger A. McClelland III

Name of Person

Tripe AAces, LLC

Firm/Company

5419 Mobile Dr

Address

Seffner, FL 33584

City/State and Zip Code

leahsbizworld67@yahoo.com

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

For further information concerning this matter, please call:

Roger A. McClelland III at **813** **850-2383**
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Tripe AAces, LLC

SECOND: The Florida Document number of the limited liability company is: L14000087900

THIRD: Document to be corrected is:
Articles of Organization for Florida Limited Liability Company

(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:

Name of Limited Liability Company appears as follows: Tripe AAces, LLC

Correction is necessary as a result of an input error at time of initial filing

Corrected Name of Limited Liability Company should appear as follows:

Triple AAces, 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.

Roger McLelland
Signature of Authorized Representative

10/15/2014
Date

FILED
14 OCT 20 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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