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COVER LETTER

	Section. Corporations	. 1 .	* * * * * * * * * * * * * * * * * * *
SUBJECT: W	illistion BBQ, LLC		
		Name of Limited Lia	bility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) are submitted for filir	ng.
Please return all corr	espondence concerning this	s matter to the following	g:
Kim Ar	mstrong		
	Name of Person		
Williston	BBQ, LLC		
·	Firm/Company		_
13 NE 3r	d Street		
-	Address		_
Chiefland	, FL 32626		
	City/State and Zip Code		_
ryanbellfl@	gmail.com		
E-mail address	(to be used for future annu	al report notification)	_
For further informati	on concerning this matter, p	please call:	
Ryan Bell		352	493-0081
	me of Person	at (Area Code	Daytime Telephone Number
			2 3 y 1000p 1
STREET/COURIER ADDRESS:			MAILING ADDRESS:
Registration Section			Registration Section
Division of Corporations Clifton Building			Division of Corporations
2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301			Tallalladay Florida 5251 f
Enclosed is a check	for the following amount:		
2 \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (2/14)			

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. Willistion BBQ, LLC The name of the limited liability company is:__ FIRST: The Florida Document number of the limited liability company is: _____L14000136945 SECOND: THIRD: Document to be corrected is: The Articles of Organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 7 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Corporate name Willistion BBQ, LLC was spelled incorrectly. It should be corrected to reflect "Williston BBQ, LLC". <u>OR</u> 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. Kim A 9/17/14 Signature of Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)