15000187640

(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City	/State/Zip/Phone	∋ #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



000280033170

12/18/15--01012--012 **30.00



16 DEC 18 PH 3: 34



DEPARTMENT OF STATE

K. SALY EXAMINER

DEC 18 2015

COVER LETTER

TO: Registration Sec Division of Cor							
SUBJECT:		ame of Limited Liabili	ty Company				
Dear Sir or Madam:							
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing.					
Please return all correspo	ondence concerning this m	atter to the following:					
Hugh	Name of Person						
PEGASAS	Firm/Company	يد					
109 AMBER	2 SWEET WA	Suite	137				
DAUCHPORT	ity/State and Zip Code	77					
F TRACE	y D. GMAIL. (be used for future annual	report notification)					
For further information of	oncerning this matter, ple	ase call:					
High Name o	Tracey f Person	at (<u>561</u>)	H45 8551 Daytime Telephone Number				
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	DDRESS:	M R D P	IAILING ADDRESS: egistration Section ivision of Corporations .O. Box 6327 allahassee, Florida 32314				
Enclosed is a check for the following amount:							
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Sectificate of Status & Certificate Copy				
CP2E062 (0/15)							

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605.0209, F.S., this document is bein	_		filed document.	De PA	
<u>FIRST</u>	<u>r</u> : The r	name of the limited liability company is:	PEGASU	AS TAX	LCC IALI		
<u>SECO</u>	ND:	The Florida Document number of the li	mited liability co	mpany is: <u>L 15 4</u>	000187640		
THIR	<u>D</u> :	Document to be corrected is: ARTIC	LES OF OI	RGANIZATIO	ν		
		(CHECK THE APPROPRIATE BOX A	ND COMPLET	E THE APPLICA	ABLE STATEMENT		
		ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected stement are as follows:					
	Cl	MNGE TITLE TO AMBE FO	2 YESENIA	JIMENEZ,	ADD HUGH T	PACEY	
	To	AMBR , CHANGE THE EFFEUT	JE STAR	T DATE TO	05 NOV15	- 	
	<u>OR</u>			100			
		defectively signed. The manner in which the llows:	he document was	defectively signed	d and the appropriate co	orrection are	
	<u>OR</u>						
	The e	electronic transmission of the record was de	efective.				
		Hongila		1	18 DECIT		
		Signature of Anthorized Representati	ve		Date		
		new registered agent, if applicable :(NOTE designation).	: if correcting the	e registered agent,	the new registered ager	nt must sign	
I herel provis obliga reflect	by acce ions of tions of	red Agent's Signature, if changing Register pt the appointment as registered agent and all statutes relative to the proper and compf my position as registered agent as providinge in the registered office address, I herebye.	' agree to act in th plete performance ed for in Chapter	e of my duties, and 605, F.S. Or, if the	I I am familiar with and is document is being file	accept the ed to merely	
	Registered Agent's Signature						
		Filing F Certified Cop		\$25.00 . \$30.00 (optional)	ı		