

L 16000011866

(Requestor's Name)

(Address)

(Address)

(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



900285107679

05/10/16--01003--

CLERK OF STAFF
TALLAHASSEE, FLORIDA

16 MAY -9 AM 1:03

FILED

TALLAHASSEE, FLORIDA

2016 MAY -9 PM 4:35

MAY 11 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LONGHORN MINING ENTERPRISES 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:

RON ROBERTS

Name of Person

LONGHORN MINING ENTERPRISES LLC

Firm/Company

865 TAHOE BLVD, STE 302B

Address

INCLINE VILLAGE, NV 89451

City/State and Zip Code

NCTRER@GMAIL.COM

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

For further information concerning this matter, please call:

RON ROBERTS

at (**408**)

892-3242

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

CR2E062 (9/15)


RON ROBERTS

**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: LONGHORN MINING ENTERPRISES LLC

SECOND: The Florida Document number of the limited liability company is: L16000011866

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(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:

Incorrect items: street and mailing address (change form already submitted with appropriate fees),

registered agent (change form already submitted with appropriate fees),

address of persons authorized to manage LLC. Corrections detailed below:

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

street and mailing address: 865 Tahoe Blvd, Ste 302B, Incline Village, NV, 89451

registered agent: Incorp Services, Inc., 17888 67th Court North, Loxahatchee, FL, 33470

address of all managers: 865 Tahoe Blvd, Ste 302B, Incline Village, NV, 89451

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.

Registered Agent's Signature

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


RON ROBERT