

L16000138794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

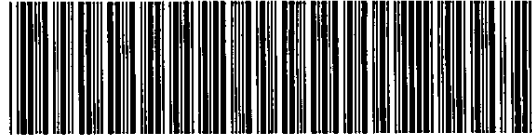
(Business Entity Name)

(Document Number)

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2016 JUL 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Attn: Michelle Milligan

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Travis G Carr 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:

Travis Carr

Name of Person

Travis G Carr LLC

Firm/Company

7117 SW Archer Rd #2409

Address

Gainesville FL 32608

City/State and Zip Code

GVL Travis Carr @ Gmail.com

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

For further information concerning this matter, please call:

Travis Carr

Name of Person

at ( 352 )

Area Code

317-9983

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: TRAVIS G CARR LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000138794

**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:

Effective date was wrong it is filed  
as "8/18/2016" but is supposed to be  
"7/18/2016" it was a typographical error

**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.

[Signature]  
Signature of Authorized Representative

7/27/2016  
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)