

L16000142254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

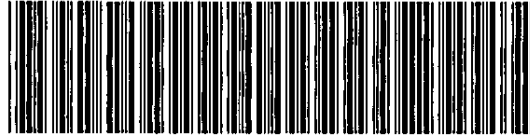
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100288869181

08/17/16--01017--007 \*\*35.00

FILED  
16 SEP 14 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 16 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLASTICBAY, 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:

Weizhi Cheng

Name of Person

PLASTICBAY, LLC

Firm/Company

9800 Touchton Rd. Apt 1022

Address

Jacksonville, FL 32246

City/State and Zip Code

plasticbaycontact@gmail.com

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

For further information concerning this matter, please call:

Weizhi Cheng

Name of Person

at ( 352 )

Area Code

2460584

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2016

WEIZHI CHENG  
9800 TOUCHTON RD APT 1022  
JACKSONVILLE, FL 32246

SUBJECT: PLASTICBAY, LLC  
Ref. Number: L16000142254

2016 SEP 14 PM 12:51  
TALLAHASSEE, FLORIDA

We have received your document for PLASTICBAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please indicate what you changing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00017568

FILED  
16 SEP 14 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: PLASTICBAY, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000142254

**THIRD:** Document to be corrected is: Articles of Organization Article 1K

**(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:

Spelling error for Member's name.

Current Error: Nicolas Morlaes

Correction: Nicolas Morales

**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 of Authorized Representative

Date

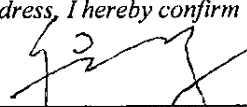
9/11/2016

FILED  
16 SEP 14 PM 1:3  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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)**