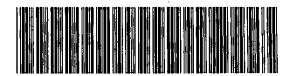
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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY JAN 17 2017

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	_{ст.} Ultim	nate Produc	cts LLC			
			ame of Limited Liabil	ity Company		
Dear Si	ir or Madam:					
The end	closed Statement	of Correction and fee(s) ar	e submitted for filing.			
Please	return all correspo	ondence concerning this m	atter to the following:			
Ca	rlos Pa	chon				
		Name of Person				
		Firm/Company				
24	7 SW 8	ST Suite 8	24			
-		Address				
Mia	ami FL	33130				
	C	ity/State and Zip Code				
comoenlatv@gmail.com						
		be used for future annual				
For fur	ther information c	oncerning this matter, ple	ase call:			
Carlos Pachon "305			305	4311236		
	Name o	f 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		
Enclos	ed is a check for	the following amount:				
■ \$25	5 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E)62 (9/15)					

STATEMENT OF CORRECTION ' FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	STATEMENT	OF CORRECTION S				
	' FLORIDA OR FORFIGN LI	OF CORRECTION FOR IMITED LIABILITY COMPANY Abmitted to correct a previously filed document of the correct of t	Er			
	LORDA OR FOREIGN E	JAN 13	10			
Pursuant t	o section 605.0209, F.S., this document is being su	ibmitted to correct a previously filed document (y ₂₆			
FIRST: T	he name of the limited liability company is: Ultir	mate Products LLC	754/			
			ATE			
SECOND	The Florida Document number of the limite	ed liability company is: LI/000000/4	''UA			
THIRD:	Document to be corrected is: Articles	ment to be corrected is: Articles of organization				
	(CHECK THE APPROPRIATE BOX AND	COMPLETE THE APPLICABLE STATEMENT				
_	ontains an incorrect statement. The incorrect states atement are as follows:	ement, the reason the statement is incorrect, and the corrected				
1	LC Effective Date 01/01/20	17				
-						
_						
_						
<u>O</u>	<u> PR</u>					
	as defectively signed. The manner in which the de	locument was defectively signed and the appropriate correction are				
a	s follows:					
_						
<u>C</u>	<u>PR</u>					
□ т	he electronic transmission of the record was defect	tive.				
(Carlos Pachon	01-10-2017				
_	Signature of Authorized Representative	Date				
	of new registered agent, if applicable :(NOTE: if of the designation).	correcting the registered agent, the new registered agent must sign	_			
New Regi	stered Agent's Signature, if changing Registered A	A gent				
I hereby a provision obligation	sccept the appointment as registered agent and agre of all statutes relative to the proper and complete as of my position as registered agent as provided fo hange in the registered office address, I hereby co	reet to act in this capacity. I further agree to comply with the ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the or in Chapter 605, F.S. Or, if this document is being filed to merely infirm that the limited liability company has been notified in writing				
Registered Agent's Signature						
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				