117000061223

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor				
SUBJECT: Bellw	ood Enterp	rises, LLC		
SUBSECT.	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) as	re submitted for filing.		
Please return all correspo	ondence concerning this m	atter to the following:		
Jerry Wood	Į			
Jerry Wood	Name of Person			
Bellwood E	nterprises			
	Firm/Company			
P.O. Box 2	724 57			
	Address			
Tampa, FL	33688			
. Ci	ty/State and Zip Code			
Veteran@Be	ellwoodenterp	rises.com		
E-mail address: (to	be used for future annual	report notification)		
For further information co	oncerning this matter, plea	ase call:		
Jerry Wood		813 ,	264-7344 Daytime Telephone Number	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for t	the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			•				
SECOND: The Florida Document number of the limited liability compan		The Florida Document number of the limited liability company is: L17000061223	_				
THIR	<u>D</u> :	Document to be corrected is: Articles of Organization					
	9	(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:						
	Artic	cle IV has the title for Donna Wood as MGR and title should read Member not MGR.					
		No. 20 Strains	ì				
		50.1 P					
	OR	70 M Con) ' '				
		defectively signed. The manner in which the document was defectively signed and the appropriate corrections.	- P\$+7				
	as foll	ollows: 日子 是					
	OR						
_		electronic transmission of the record was desoctive.					
 J	i ne e	electronic transmission of the record was defective.					
	1	Signature of Authorized Representative Date	-				
		new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must designation).	st sign				
l hereb provisio obligati reflect i	y accep ons of a ions of l	red Agent's Signature, if changing Registered Agent: opt the appointment us registered agent and agree to act in this capacity. I further agree to comply with the all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce f my position as registered agent as provided for in Chapter 605, F.S. Qr, if this document is being filed to age in the registered office address, Thereby confirm that the limited hability company has been notified in e.	pt the merely				