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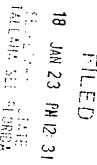
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J. LEGGETT JAN 24 2018

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		COVER LET	TTER
	stration Section ion of Corporations		
SUBJECT: _	Newc	UKK 1 Name of Limited Liabil	ity Company
Dear Sir or Ma	udam:		
The enclosed S	Statement of Correction and fee(s)	are submitted for filing.	
Please return a	all correspondence concerning this i	natter to the following:	
J	ouah Blake Name of Person		
	New Carr 11	<u>'</u>	
10	24 lakesid	2 Drive	
Boca	City/State and Zip Cooke	33434	
<u>N</u> e	WCURY O 6 m. ddress: (to be used for future annua	report notification)	
For further inf	ormation concerning this matter, pl	ease call:	
T	unal Blake	at (_ 5 <u>6</u> / _)	5040540
	Name of Person	Area Code	Daytime Telephone Number
Registration Se Division of Co Clifton Buildin	orporations ng e Center Circle	R C P	MAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 'allahassee, Florida 32314
Enclosed is a	check for the following amount:		
\$25 Filing	Fee	S55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	section 605.0209, F.S., this document is being subm	itted to correct a previously filed docu	ment.		
FIRST: The	name of the limited liability company is:	ewcurk 11c	<del></del>		
SECOND:	The Florida Document number of the limited lin				
THIRD:	Document to be corrected is: The eff	ective date is	10/12/2017		
	(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE ST	<u>ATEMENT</u>		
/— stat	ntains an incorrect statement. The incorrect statemer ement are as follows:				
	The effective date	2 is suppose	d to 6 e		
The	eve was an error in	the filing and	1 Le		
OR	The effective date of 12/2017, October 1 eve was an error in effective date of is presented and we are so that the document of the second of	10+ January 1.	edditional 201		
Wa as f	s defectively signed. The manner in which the docu follows:	ment was defectively signed/and the a	ppropriate correction are have ys		
			<u> </u>		
			· = ., =		
			<u> </u>		
<u>or</u>			JAII 23		
☐ The	electronic transmission of the record was defective.		- '		
	Signature of Authorized Representative	h Blake Tonnory	122980		
	Signature of Authorized Representative	Date	<b>益当</b> [5]		
_	new registered agent, if applicable :( NOTE: if corre designation).	ecting the registered agent, the new re	gistered agent must sign		
New Regist	ered Agent's Signature, if changing Registered Agen	nt:			
I hereby according to obligations	ept the appointment as registered agent and agree to fall statutes relative to the proper and complete per of my position as registered agent as provided for in unge in the registered office address. I hereby confir	o act in this capacity. I further agree t formance of my duties, and I am fami Chapter 605, F.S. Or, if this documer	liar with and accept the it is being filed to merely		
Registered Agent's Signature					
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			