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AUG 14 2018 S. YOUNG

## **COVER LETTER**

TO: Registration Security Division of Cor				
SUBJECT: STO	ah's Remain	Tame of Limited Liability	Moments, Lx	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.		
Please return all correspo	ondence concerning this n	natter to the following:		
Chace 1	Name of Person	()		18 [Al
390 Soul	Emarkabi Firm/Company h Tynlall	e 1) lomen- PKWy #	,	FILEL AUG 10 P CRETAGE LAHASSEE,
Panama (	Address  Tity/State/and Zip Code	32404		PH 6: 30 FRIATE FLORIDA
E-mail address: (to	Stair, Cerver Va be used for future annual	report notification)	ts. com	
Ontario	concerning this matter, ple		532 - 6404 Daytime Telephone Number	_
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314	
Enclosed is a check for	the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (9/15)

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

	section 605,0209, F.S., this document is b	()	$\wedge$	ent. Tomcats LL
FIRST: Th	ne name of the limited liability company is:	DISTUNIS PEUL	WA KUNJE I,	10(NOTIS) CD
SECOND:	The Florida Document number of th  Document to be corrected is: 1 (CHECK THE APPROPRIATE BO)	ides of O	ganization	
_	ontains an incorrect statement. The incorrect enternent are as follows:  IC ACMIC of the Lace to a supportability.	rc incorrect	. ^	an apostaphe
7	he LLC is Sistah	s Remarkab	re Momente	, LLC.
<u>o</u>	<u>R</u>			
	as defectively signed. The manner in whice follows:  R	th the document was defect	ively signed and the app	TALLAHAS
TT	Signature of Authorized Represen		8/8/	LED PH 6: 30
	of new registered agent, if applicable :( NC the designation).	OTE: if correcting the regist	ered agent, the new regi	istered agent must sign
New Regis I hereby ac provisions obligation	stered Agent's Signature, if changing Registered Agent of all statutes relative to the proper and cases of my position as registered agent as prohange in the registered office address. I he	ind agree to act in this cap implete performance of my vided for in Chapter 605, F	duties, and I am familio '.S. Or, if this document	rr with and accept the is being filed to merely
	R	egistered Agent's Signature	<del></del>	
	Filin Certified (	g Fee: \$25.00 Copy: \$30.00	) ) (optional)	