

L18000121700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

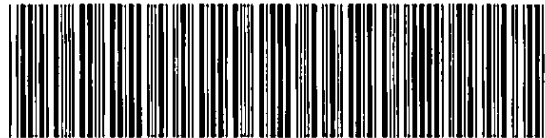
(Business Entity Name)

(Document Number)

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

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JUL 06 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2018

CHRISOTIPHER M WALTERS  
5340 W KENNEDY BLVD #533  
TAMPA, FL 33609

SUBJECT: MAKELUCKMEDIA, LLC  
Ref. Number: L18000121700

We have received your document for MAKELUCKMEDIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 118A00013519

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **MAKELUCKMEDIA 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:

**Christopher M. Walters**

Name of Person

**MAKE LUCK MEDIA LLC**

Firm/Company

**5340 W. Kennedy Blvd #533**

Address

**Tampa, Florida 33609**

City/State and Zip Code

**makeluckmedia@gmail.com**

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

For further information concerning this matter, please call:

**Chris M. Walters**

Name of Person

at ( **813** ) **603-7330**

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

**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

**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: MAKELUCKMEDIA LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000121700

**THIRD:** Document to be corrected is: Article Of Organization

**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:

1- Company Name: Missing spaces = MAKE LUCK MEDIA LLC

2- Authorized Persons(s) Details: Missing unit number = #533

3- Change Effective Date: Correct Date = 06/26/2018

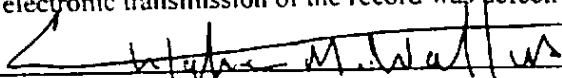
**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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2018 JUN 27 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OR**

☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

7-5-18  
Date

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)