118000206233

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Q. SILAS				
MAY 27 2022				
5/24/22				

Office Use Only



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SECRETARY OF STAT

SEAR AHASSEE, FL



FLORIDA DEPARTMENT OF STATE Division of Corporations

(1/cc. 5/24/22

May 2, 2022

RACHEL POPE GREGORY 234 MORTON LN WINTER SPRINGS, FL 32708

SUBJECT: RACHEL P GREGOR, LLC

Ref. Number: L18000206233

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

The document to be corrected is "2021 Amendment".

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) 245-6050.

Letter Number: 122A00010154

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Division of	i Section Corporations				
RACH SUBJECT:	EL P GREGOR, LLC				
30b38C1.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	g.		
Please return all corr	espondence concerning this	matter to the followin	g:		
RACHEL POPE GR	EGORY				
	Name of Person	 	_		
RACHEL POPE GR	EGORY, LLC				
	Firm/Company		_		
234 MORTON LN					
	Address		_		
WINTER SPRINGS	, FL 32708				
	City/State and Zip Code		_		
rachel@jeanscotthor	nes.com				
E-mail address:	(to be used for future annua	report notification)	_		
for further information	on concerning this matter, pl	ease call:			
Rachel Gregory		407 at (920-4606		
Nai	ne of Person	Area Code	Daytime Telephone Number		
Division c P.O. Box (on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
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 COMPAN

	nt to section 605.0209. F.S., this document is being submitted to correct a previously filed document. **The name of the limited liability company is: **PACHELE** GREGORY. LLC** **TORETARY 01.5 (ATE) **TORETARY 01.5 (ATE)			
	IALLMOMOJCL / I C			
SECO:				
<u>THIRI</u>	2: Document to be corrected is: 2021 Amandment			
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correstatement are as follows:				
	The last letter of my last name didn't come through on the name change. A typo.			
	name on my Florida real estate license is RACHEL POPE GREGORY LLC. The law requires that they match.			
	I didn't include my full middle name last year when I updated my LLC after I got married.			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:			
	Additional Note:			
	Name as it currently appears is RACHEL P GREGOR, LLC.			
	It should read RACHEL POPE GREGORY, LLC.			
	<u>OR</u>			
П Т	The electronic transmission of the record was defective.			
	Signature of Authorized Representative Joseph Date			
Signatur	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign the designation)			

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.

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)