

L 18000269374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

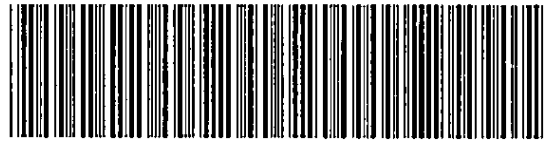
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 NOV 13 PM 12:48

U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA

NOV 29 2022

D CONNELL

2022 NOV 13 PM 11:43



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2022

COGENCY GLOBAL

SUBJECT: MAZE LIMITED, LLC  
Ref. Number: L18000269374

We have received your document for MAZE LIMITED, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

THE THIRD SECTION OF THE DOCUMENT SHOULD BE COMPLETED WITH ARTICLES OF CONVERSION AS THE DOCUMENT BEING CORRECTED.

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 622A00025862

RECEIVED  
2022 NOV 28 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 11/23/2022

Name: Chris Vick

Reference #: 1832177

Entity Name: MAZE LIMITED, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion \*\*\*RETAIN ORIGINAL SUBMISSION DATE\*\*\*

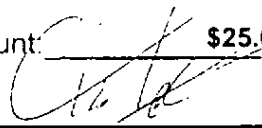
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF CORRECTION

Authorized Amount: \$25.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAZE LIMITED, 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:

Danielle Bragg-Eldridge

\_\_\_\_\_  
Name of Person

Taft Stettinius & Hollister LLP

\_\_\_\_\_  
Firm/Company

111 E. Wacker Dr., Suite 2800

\_\_\_\_\_  
Address

Chicago, IL 60601

\_\_\_\_\_  
City/State and Zip Code

dbraggeldridge@taftlaw.com

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

For further information concerning this matter, please call:

Danielle Bragg-Eldridge                      312                      836-4099  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 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: MAZE LIMITED, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000269374

**THIRD:** Document to be corrected is: ARTICLES OF CONVERSION

**(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:

#2 OF THE ARTICLES OF CONVERSION SHOULD HAVE STATED THE VIRGINIA NAME AND THAT  
NAME IS MAZE LIMITED VA LLC

**OR**

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

**OR**

- ☐ The electronic transmission of the record was defective.

Zarlasht Badi

Signature of Authorized Representative

11/17/2022

Date

**FILED**  
2022 NOV 18 PM 12:10  
HALL COUNTY CLERK  
HALL COUNTY, FLORIDA

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)**