

5/7/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GFS TAX & ACCOUNTING SERVICES
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFS TAXACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
"SMART - CUSTOM WOODWORKS LLC"

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Help

Y. SUJLER

MAY 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "SMART - CUSTOM WOODWORKS 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:

JULIANA MACHADO

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2001 W CYPRESS CREEK RD STE 102B

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

INFO@GFSSTAXACCT.COM

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

For further information concerning this matter, please call:

JULIANA MACHADO

754

301-2128

at ()

Name of Person

Area Code

Daytime Telephone Number

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: "SMART - CUSTOM WOODWORKS LLC"

SECOND: The Florida Document number of the limited liability company is: L19000099943

THIRD: Document to be corrected is: ARTICLES OF AMENDMENT

(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:

THERE SHOULD NOT BE " IN THE COMPANY'S NAME. THE COMPANY NAME SHOULD BE

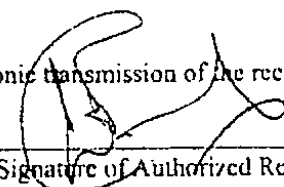
SMART - CUSTOM WOODWORKS LLC

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.



Signature of Authorized Representative

05/07/2020

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)



May 11, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

"SMART - CUSTOM WOODWORKS LLC"
1275 SOUTHWEST 4TH AVENUE
DELRAY BEACH, FL 33444

SUBJECT: "SMART - CUSTOM WOODWORKS LLC"
REF: L19000099943

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000135857
Letter Number: 820A00009545