L 19 000 124855

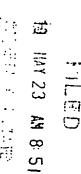
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Linky Hame)					
(Document Number)					
(Excument Number)					
Codifical Conice Codificates of Chabus					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800329396158

U5/23/19--U1UU8--U2/ **60.UU



O SIMMONS
JUN 0 8 2019

COVER LETTER

TO:	Registration Sec Division of Corp			* .	* * .
end ie	ст. Ми	R ECOMA HO	LDING		
SUDJE	.c.i. <u>, , , , , , , , , , , , , , , , , , ,</u>	N	lame of Limited Liabi	lity Company	
Dear Si	r or Madam:				
The end	closed Statement of	of Correction and fee(s) ar	re submitted for filing.	-	
Please i	return all correspo	ndence concerning this m	natter to the following	:	
	Migue	Name of Paragraph			
	J	Name of Leison			
		Firm/Company	9		
	4517 6	Parna Ave. Address			
	Titusville 1	FL 32780 ty/State and Zip Code			
	C	ty/State and Zip Code			
<u>E</u>	miguel.eco. -mail address: (to	be used for future annual	report notification)		
For fur	ther information c	oncerning this matter, ple	ease call;		
	Miquel R	æry	_at (_787	·/ -	5108
	/ Name o	f Person	Area Code	Daytime Te	lephone Number
Registr Divisio Clifton 2661 E	ET/COURIER A ation Section on of Corporations Building xecutive Center C issee, Florida 3230	ircle		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations
Enclos	ed is a check for	the following amount:			
\$25	Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy		of Status &

CR2E062 (9/15)

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

	o section 605.0209, F.S., this document is being sul						
<u>first</u> : t	he name of the limited liability company is:	IR ECOMM HOLDING					
<u>SECOND</u>	: The Florida Document number of the limited	d liability company is: L14000124855					
THIRD:	Document to be corrected is: LLC Wa	ame					
	(CHECK THE APPROPRIATE BOX AND	COMPLETE THE APPLICABLE STATEM	<u>ENT</u>				
_	ontains an incorrect statement. The incorrect stater atement are as follows:	ment, the reason the statement is incorrect, and the	he corrected				
Ź	Encorrect Statement: MUR EC	ONM HOLDSNG					
- Co	Reason the statement: MUR ECOMM HOLDINGS (Just add the letter's in he						
<u> </u>	Corrected statement: MUR ECON	IN HOLDINGS (Just add the le	offer's in hor				
	<u>PR</u>						
	Vas defectively signed. The manner in which the dos follows:	- 11	iste correction are				
		· · · · · · · · · · · · · · · · · · ·	<u>≅ Ö</u>				
<u>o</u>	<u>PR</u>	Ş .::: ₀	<u>n</u>				
🗌 т	he electronic transmission of the record was defecti	vc.					
	mi	5/20/19	7				
_	Signature of Authorized Representative	Date					
•	of new registered agent, if applicable :(NOTE: if c the designation).	orrecting the registered agent, the new registered	d agent must sign				
I hereby a provisions obligation		e to act in this capacity. I further agree to comp performance of my duties, and I am familiar with in Chapter 605, F.S. Or, if this document is bei	h and accept the ng filed to merely				
	Pagistaras	I Agent's Signature					
		- ·					
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					