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## COVER LETTER -

TO:	-	on Section of Corporations		. •
SUBJE	ст: Mi	racle Cleaning	LLC	
		N	ame of Limited Liabi	lity Company
Dear Si	r or Madar	1:		
The end	closed State	ement of Correction and fee(s) ar	e submitted for filing.	
Please	return all co	orrespondence concerning this m	atter to the following:	
Shu	ukri H	lack		
		Name of Person		
Mir	acle (	Cleaning LLC		
·····		Firm/Company		
110	)1 Mi	randa LN Suite	131	
		Address		
Kis	simm	ee, FL 34741		
		City/State and Zip Code		
		lecleaning@gr		
For furt	her inform	ntion concerning this matter, plea	se call:	
Shu	ukri H	lack	407	818-5939
	1	Vame of Person	at () Area Code	Daytime Telephone Number
Registra Division Clifton 2661 Ex	ET/COURI ntion Section of Corpor Building recutive Co ssee, Florid	ations nter Circle	i [ [	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclose	ed is a chec	k for the following amount:		
<b>□ \$</b> 25	Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	© \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E06	62 (9/15)	•		

## 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

	name of the limited fiability company is: Miracle		··
CCOND:	The Florida Document number of the limited liabs  Document to be corrected is: address of		
	(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATE	MENT
	tains an incorrect statement. The incorrect statement, ment are as follows:	the reason the statement is incorrect, and	I the corrected
Ad	dress erroneously contains	SBC Office Center, LI	_C &
'SI	BC Office Center, LLC' shoul	d be removed & Suite	<del>=</del> 131
sh	ould be added no other cl	nanges	<u> </u>
	defectively signed. The manner in which the docume	nt was defectively signed and the approp	priate correction
		A	99 H
			W 30 PE
OR The	electronic transmission of the record was defective.		PH 4: 14
	Signature of Authorized Representative	Date	
epting the  w Register  ereby acceptions of  ligations of	new registered agent, if applicable: (NOTE: if correct designation).  red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to a fall statutes relative to the proper and complete perfor f my position as registered agent as provided for in Change in the registered office address. I hereby confirm to e.	ct in this capacity. I further agree to con mance of my duties, and I am familiar w tapter 605, F.S. Or, if this document is b	aply with the with and accept to being filed to me.
	Registered Ager	nt's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	