

L19000138632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019

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JUN 24 2019

TO: Registration Section
Division of Corporations

SUBJECT: Change from Superpower Realty to Suzi Rander Realty
name Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Suzi Randa

Name of Person

Suzi Rawde Realty
Firm/Company

Firm/Company

9751 Lakeview Lane

Address

Parkland, FL 33076

City/State and Zip Code

Suzi Randa@gmail.com

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

For further information concerning this matter, please call:

Suzi Rawda

Name of Person

at (954) 899-1332

Area Code

899-1332

Daytime Telephone Number

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301**

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

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: Superpower Realty

SECOND: The Florida Document number of the limited liability company is: 619000138632

THIRD: Document to be corrected is: Registration of Name for Corporation LLC

(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:

Want to change name to Suzi Rawda Realty ^{from} original
application name of Superpower Realty
new name: Suzi Rawda Realty 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.

Suzi Rawda 6/11/19
Signature of Authorized Representative 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)