Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H190002181303)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 517-6383

From:

Account Name : BEGGS & LANE

Account Number : 120020000155

Phone Fax Number : (850)432-2451 : (850)469-3331

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GL SMOKE SHOP, LLC

Certificate of Status	0
Ccrtified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 22 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

https://etile.sunbiz.org/scripts/efilcovr.exc

(((1119000218130 3))) STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			ed to correct a previously filed document.		
FIRST	$\underline{\mathfrak{l}}$: The name of the limited liab	ility company is: GL Sn	loke Shop, LLC		
SECO THIR	The Florida Docum D: Document to be cor	ent number of the limited liab	Organization	9	
	(CHECK THE APPR	OPRIATE BOX AND COM	<u> 1PLETE THE APPLICABLE STATEME</u>	<u>NT</u>	
Х	Contains an incorrect statem statement are as follows:	ent. The incurrect statement,	the reason the statement is incorrect, and the	corrected	
	Article V contai	ined a misspelle	ed name of a manager.		
	Golam Faroque	e should be Gol	am Farooque.		
	OR			2019	
	Was defectively signed. The as follows:	e manner in which the docum	ent was defectively signed and the appropriate	Secondarion are:	
				AH C	
	OR			इस्ता ₹	
	The electronic transmission of	of the record was defective.	-//		
	Signature of Author	orized Representative			
Signati accepti		•	ting the registered agent, the new registered a	igent must sign	
New R I hereb provisi obligat reflect	egistered Agent's Signature, it y accept the appointment as re ons of all statutes relative to the ions of my position as register	egistered agent and agree to c ne proper and complete perfo ed agent as provided for in C	nct in this capacity. I further agree to comply rmance of my duties, and I am familiar with a hapter 605, F.S. Or, if this document is being hat the limited liability company has been no	and accept the	
	Registered Agent's Signature				
	(((H19000218130 3)))	Filing Fee: Ccrtified Copy:	\$25.00 \$30.00 (optional)		