

L19000260976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

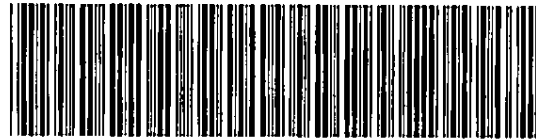
(Business Entity Name)

(Document Number)

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2019 DEC -2 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Statement of
Correction

JAN 09 2020

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guerra's Construction 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:

Jose Guerra
Name of Person

Guerra's Construction LLC
Firm/Company

6115 S. Burnt Mill Creek Rd.
Address

Panama City, FL 32409
City/State and Zip Code

zaeg1976mi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Dodson at (850) 832 6921
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: Guerra's Construction Ltc

SECOND: The Florida Document number of the limited liability company is: L19000260576

THIRD: Document to be corrected is: Person Authorized to Manage LLC.
ARTICLES OF ORGANIZATION
(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:

Name and address of Person authorized to Manage
LLC. - title - MGR Maciel, Deigo 915 S. Burnt
mill Creek Rd. Panama City, FL 32409

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Corrected Statement - Title: MGR - Dodson, David
915 S. Burnt mill Creek Rd. Panama City, FL,
32409

OR

☐ The electronic transmission of the record was defective.

[Signature]
Signature of Authorized Representative

11/26/19
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.

David Dodson

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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DEC-2 AM 8:39
CLERK OF STATE
TREASURY
FLORIDA