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(Requestor's Name)							
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	y/State/Zip/Phone	<u> </u>					
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☐ PICK-UP	☐ WAIT	MAIL					
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(Bu	siness Entity Name	e)					
(Do	cument Number)						
	,						
Certified Copies Certificates of Status							
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Special Instructions to	Filing Officer:						





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	FCT∙	M &	B Financial	, LLC
.,()13,)1		٨	Same of Limited Liability	y Company
Dear S	ir or Madam;			
The en	closed Statement	of Correction and fee(s) a	re submitted for filing.	
Please	return all corresp	ondence concerning this n	natter to the following:	
Mic	chael Ga	ardner		
		Name of Person		
		Firm/Company		
224	4 Mystic	Falls Drive		
		Address		
Apo	ollo Bea	ch, Florida 🤆	33572	
	C	ity/State and Zip Code		
•	-	thin7daysorless@bc used for future annual	- '	
For fur	ther information of	concerning this matter, ple	ease call:	
Mic	chael Ga	ardner	360 S	388-4900
	Name (of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	ed is a check for	the following amount:		
<u> </u>	Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 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.

		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				
		Registered Ager	nt's Signature				
New R I herek provisi obligat reflect	ing the objections of a	ew registered agent, if applicable :(NOTE: if correct designation). ed Agent's Signature, if changing Registered Agent: on the appointment as registered agent and agree to a all statutes relative to the proper and complete performy position as registered agent as provided for in Claye in the registered office address. I hereby confirm to	ct in this capacity. I further agr mance of my duties, and I am fa apter 605, F.S. Or, if this docu	ree to comply with the amiliar with and accept the ment is being filed to merely			
		Signature of Authorized Representative	Date				
	OR The e	lectronic transmission of the record was defective.	Λ	2: 10			
				V 220 P			
	Was o	defectively signed. The manner in which the docume lows:	nt was defectively signed and th	2019 HO			
	<u>OR</u>						
	Cert	Certified Audit so I would like my effective date to be now. 11/19/2019 or ASAP.					
	I am	I am unable to open a bank account and have a CPA accountant complete a					
		ed that I wanted the company effective date to be	January 4th, 2020 which is inc	orrect			
×		tins an incorrect statement. The incorrect statement, then the areas follows:	the reason the statement is inco	rrect, and the corrected			
		(CHECK THE APPROPRIATE BOX AND COM					
THIR	D :	Document to be corrected is: The EFFECTIVE	DATE from 01/04/2020	to 11/19/2019			
SECO	ND:	The Florida Document number of the limited liabi	lity company is: L19000	272034			
FIRST	L: The n	ame of the limited liability company is: M&B					
rmen	г. т		Financial. LLC				

CR 2F062 (9/15)