120 0000 25315

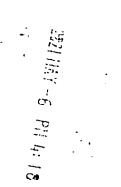
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SKURLINHA SSEC. FL

April 27, 2021

CLIFFORD PITTS JR 1124 46TH ST S ST PETERSBURG, FL 33711

SUBJECT: SERVICES BY CLIFF, LLC

Ref. Number: L20000025315

We have received your document for SERVICES BY CLIFF, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00008626

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Services By Cliff L. Name of Limited Liab	bility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	g:
Clifford Lee Pitts, Jr. Name of Person Services By Cliff, LLC FirmsCompany	
1124 46th ST. South Address St. Petersburg, FL 337	- <u> </u>
City/State and Zip Code dashpitts@gmail.Com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call: Clifford L. Pitts, Jr. at (727 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:	NA-SEE ATTACHED LETTER
□\$25 Filing Fee □ \$30 Filing Fee & □\$55 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.			
<u>FIRST</u>	The name of the limited liability company is: Services. By Cliff, LLC		
SECO THIR	Document to be corrected is: 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: The LLC was aviginally exponentially filed as a multi-member partnership. The Correct filing of this LLC should be a single member Look		
0	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
	The electronic transmission of the record was defective.		
	are of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign agent the designation).		
l hereb provisi obligat reflect	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing change. Registered Agent's Signature		
	Filing Fee: \$25.00		
	Certified Copy: \$30.00 (optional)		

CR2E062 (9/15)