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COVER LETTER

LLC

TO: Registration Section Division of Corporations		
SUBJECT: Capin D's Fishigan Name of Limited Liah	Cuide DerVICES pility Company	
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filin	g.	
Please return all correspondence concerning this matter to the following	ជ្ញ:	
David Hansen Name of Person Captain D'S Fishing Guide Firm/Company	Services LLC	
1039 MS Dorial Rd	-	
Cheboygan Mi 49721 Jity/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
Bonnic Hanson at 231 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 & ☐\$55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan FIRST:	t to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Captin D's fishing Guide Services L
SECON	The Florida Document number of the limited liability company is: L 20000034136
<u>THIRD</u>	Document to be corrected is: Name
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Image: section of the	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	I misspelled the word Captin
	It should read "Captain"
	I misspelled the word Captain" It should read "Captain" Thus the correction of adding an "a"
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	2020 12.55 12.55
	OR 22 L
	The electronic transmission of the record was defective.
	<u> </u>
	Signature of Authorized Representative Date
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign get the designation).
Thereby provisio oblivati	resistered Agent's Signature, if changing Registered Agent: 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 ons 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)