L20 0000 35949

(Red	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

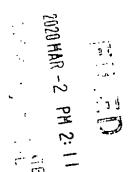
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Statement Constin

COVER LETTER

TO: Registration Sect Division of Corp				
SUBJECT: No J	ob Too S	Mame of Limited Liab	Repair, LLC	_
Dear Sir or Madam:				
The enclosed Statement o	f Correction and fee(s) a	are submitted for tilin	g.	
Please return all correspon	ndence concerning this r	natter to the following	<u>z</u> :	
Helen Ba	Name of Person		-	
100 Job Too	Small Han Firm Company	ne. heprur,	LIC.	
10595 W. i	Sublin 54. Address		-	
Crystal Pin	16Y, FL 3U y/State and Zip Code	<u>428</u>	-	
E-mail address: (to b	be used by future annua	()(Y) report notification)	-	
For further information co	ncerning this matter, ple	ease call:		
Helen Bowl	10000	at (<u>352</u> Area Code	Daytime Telephone Number	_
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2 810
Enclosed is a check for t	he following amount:			
☑\$25 Filing Fee ☐	3 \$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 submi	tted to correct a previously filed docu	iment.
FIRST: The	name of the limited liability company is:	wb Too Small Ho	me
	Pencir, L.C.		<u> </u>
SECOND:	The Florida Document number of the limited lia	ability company is: L20000	35949
THIRD:	Document to be corrected is: MME O	1 President Articles	of Organization
	(CHECK THE APPROPRIATE BOX AND CO	OMPLETE THE APPLICABLE ST	ATEMENT
	ntains an incorrect statement. The incorrect statement are as follows:		
	11 0	pany smuld be	listed
	s Laus H. Einser Whi as trinsposed. I am or	Offling online my	o bisinoss
<u>OF</u>	•	U	
	s defectively signed. The manner in which the document of the document of the signed o	ment was defectively signed and the a	20 HAR
			2 111
<u>о</u>		-	<u> </u>
ロ The	electronic transmission of the record was defective.	7/14/	2020
_ <i>F</i>	Signature of Authorized Representative	$\frac{\sim}{Date}$	<u> </u>
	new registered agent, if applicable :(NOTE: if correct designation).	ecting the registered agent, the new re	gistered agent must sign
I hereby acc provisions of obligations	ered Agent's Signature, if changing Registered Agent of the appointment as registered agent and agree to fall statutes relative to the proper and complete per of my position as registered agent as provided for in inge in the registered office address, I hereby confirmate.	o act in this capacity. I further agree to formance of my duties, and I am fami Chapter 605, F.S. Or, if this documer	liar with and accept the it is being filed to merely
	Registered A	gent's Signature	_
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	