

L20000051529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

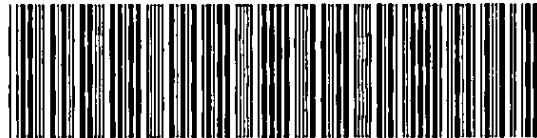
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400349373634

01/31/20--01015--024 \*\*30.00

FILED  
2020 OCT -9 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 12 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCH Biz  
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:

Connie Josey  
Name of Person

CCH Biz, LLC  
Firm/Company

11 Juniper Drive  
Address

Ormond beach, Florida 32176  
City/State and Zip Code

tipsandlips2000@yahoo.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Josey at 405 850-4995  
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

CR2E062 (9/15)

→ already received  
note letter enclosed

**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: CCH Biz

**SECOND:** The Florida Document number of the limited liability company is: L20000051529

**THIRD:** Document to be corrected is: Article of Organization, Authorized Person Detail

**(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:

In February my CPA started my new LLC and  
accidentally applied a middle initial to my name. It's not  
even my correct initial. I need it removed as it has caused  
several problems with doing business. Should read "Connie Josey" only.

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

**OR**

☐ The electronic transmission of the record was defective.

Connie Josey  
Signature of Authorized Representative

10-5-2020  
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.

\_\_\_\_\_  
Registered Agent's Signature

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