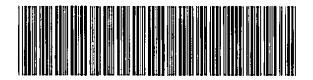
L20000053610

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 0 4 2020 S. YOUNG



COVER LETTER

TO: Registration Division o	on Section f Corporations		•		
· SUBJECT:	MIH CONSTRUCTION AN	ND CONSULTING, L	LC		
30BJEC 1	Name of Limited Liability Company				
Dear Sir or Madam	:				
The enclosed Stater	ment of Correction and fee(s)	are submitted for filin	g.		
Please return all cor	rrespondence concerning this	matter to the following	ğ:		
	LANE M. ROBINSON Sr.				
	Name of Person	-	-		
MIH CONS	TRUCTION AND CONSUL	TING, LLC			
	Firm/Company		-		
	515 S TANGERINE COURT				
	Address		-		
EA	GLE LAKE, FLORIDA 3383	39			
	City/State and Zip Code		-		
KMON	VTGOMERY321@GMAIL.C	ОМ			
E-mail addres	s: (to be used for future annua	I report notification)	-		
For further informat	tion concerning this matter, pl	ease call:			
LANE M	1 ROBINSON Sr.	863 at (512-8042		
N	ame of Person	Area Code	Daytime Telephone Number		
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check	k 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		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECOND:	The Florida Document number of the limited liab	oility company is:	0000053610
THIRD:	Document to be corrected is:		Company (Section IV)
	(CHECK THE APPROPRIATE BOX AND COM		
☑ Cont	ains an incorrect statement. The incorrect statement, ment are as follows:	-	
Auth	orized Person(s) Detail listed "None" in error. The con	rections are as follows:	
	(1) "MGR" Lane M. Robinson Sr.		
	(2) "AMBR" Lane M. Robinson Sr.		
<u>—</u> <u>0</u> R			
	defectively signed. The manner in which the docum llows:	ent was defectively signed and	the appropriate correcti
•			90 OC
	****		1 2 1 2
			<u> </u>
<u>OR</u>			22
The c	electronic transmission of the record was defective.		
	Signature of Authorized Representative	Dat	
·			
	new registered agent, if applicable :(NOTE: if correct designation).	ting the registered agent, the ne	w registered agent mus
dew Register	ed Agent's Signature, if changing Registered Agent:		
hereby accep rovisions of a bligations of	pt the appointment as registered agent and agree to a all statutes relative to the proper and complete perfo my position as registered agent as provided for in C ge in the registered office address. I hereby confirm	rmance of my duties, and I am j hapter 605, F.S. Or, if this doci	familiar with and accep iment is being filed to n
	Registered Age	nt's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	