

L200000 57524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

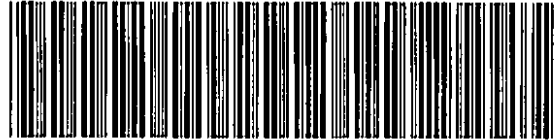
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000349704340

08/10/20--01020--029 \*\*25.00

FILED  
SECRETARY OF STATE  
STATE OF CONNECTICUT  
SEP 10 2020

Statement  
of  
Correction

SEP 10 2020  
DOUGLAS

August 4, 2020

Corporate Filing - 600340718726

Hello,

Please see the enclosed email copies from a thread with your office in February as well as a cover letter and Statement of Correction for MTD FL Limited Liability Company..

I had mailed the same correction form with a check back in February however I never heard from your office and just spoke with one of your people and she said that the only way to confirm receipt is by checking to see if my check has been deposited. I just checked with my bank and my check has not been deposited. So a new check has been enclosed.


Within the enclosed email thread, you will find that Shawn gave me a very different from the document number that was sent to me within the original email from Catherine Wood. ?? Not sure what is going on.

We need this change to happen ASAP and when I just spoke to your office moments ago she was able to find our LLC via the corporate filing #.

Please contact me with any questions or concerns. 970.390.0422 is my mobile number.

Thank you for assistance in getting this cleared up.

My best regards,

A handwritten signature in black ink, appearing to read 'Darwin', with a stylized flourish at the end.

Darwin McCutcheon  
Registered Agent for MTD FL Limited Liability Company  
970.390.0422  
Darwin@luxurybcre.com

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Adding a manager to MTD FL Limited Liability Company.

\_\_\_\_\_  
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:

Francis Maxwell McCutcheon

\_\_\_\_\_  
Name of Person

MTD FL Limited Liability Company

\_\_\_\_\_  
Firm/Company

7765 NW 128th Avenue

\_\_\_\_\_  
Address

Parkland, FL 33076

\_\_\_\_\_  
City/State and Zip Code

darwin@luxurybere.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darwin McCutcheon

970

390.0422

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 DEC 10 PM 11:12

**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: MTD FL Limited Liability Company

**SECOND:** The Florida Document number of the limited liability company is: Document Number: W20000018002

**THIRD:** 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:

It has Darwin McCutcheon as an officer twice and Darwin T McCutcheon should only

be as the 1st officer and not the 3rd officer. The third officer should be F. Maxwell McCutcheon.

**OR**

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

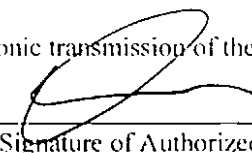
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

- ☒ The electronic transmission of the record was defective.



Signature of Authorized Representative

8-4-20

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)