L20000 87904

(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



000343409190

04/22/20--01006--025 **65.00

2020 APR 22 AM 8: 04

Ant Correction Name ch8

> HAY 112020 LALBRITTON

COVER LETTER

SUBJECT: BERJAWI DESIGN, LLC_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:
ZOUHER BERTAWI Name of Person
BERJAWI DEGISH, LLC
1014 BALAYE VISTA AUE:#383
TAMPA FICILIDA 33619 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ZOUHER BERTAUL at (2.13) 506 - 4112 Name of Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303

□\$55 Filing Fee &

Certified Copy

S60 Filing Fee,

Certificate of Status & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$30 Filing Fee & Certificate of Status

TO:

Registration Section Division of Corporations

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.

FIRS		DESIGN CAD SERUCIES LLC
	CHANGED TO 11 BER	JAWI DESIGN LLC"
SEC	OND: The Florida Document number of the limited	Hability company is: <u>200000879</u> 04
THI	RD: Document to be corrected is: ARTICLE	EI & XRTICLE III
	(CHECK THE APPROPRIATE BOX AND C	COMPLETE THE APPLICABLE STATEMENT
×	statement are as follows:	nent, the reason the statement is incorrect, and the corrected
	LIMITED LIABILITY CO	MPANT: "BERJAWI DEGIS
		ITER LIDED DESIGN
	4	ICES.
	<u>OR</u>	
	Was defectively signed. The manner in which the doc as follows:	cument was defectively signed and the appropriate correction are
		20
		20½0 AFR
	OR	22
	The electronic transmission of the record was defective	¥ IT 6.
	Signature of Authorized Representative	Date .; =
_	ature of new registered agent, if applicable :(NOTE: if cooting the designation).	orrecting the registered agent, the new registered agent must sign
×1		
I here provi oblige reflec	sions of all statutes relative to the proper and complete pa ations of my position as registered agent as provided for .	<u>gent:</u> e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the in Chapter 605, F.S. Or, if this document is being filed to merely firm that the limited liability company has been notified in writing
I here provi obliga reflec	eby accept the appointment as registered agent and agree is ions of all statutes relative to the proper and complete pations of my position as registered agent as provided for a change in the registered office address. I hereby confiss change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the in Chapter 605, F.S. Or, if this document is being filed to merely

\$30.00 (optional)

Certified Copy:

CR2E062 (9/15)