L200000 97973

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C. GOLDEN MAY 2.7 2020

COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:	bminio,	Name of Limited Liab	etsape LLC pility Company			
Dear Sir or Madam:						
The enclosed Statement of	of Correction and fee(s) a	re submitted for filin	g.			
Please return all correspo	ndence concerning this n	natter to the following	g:			
Smith	Salemon Name of Person	\	_			
Deminin	Mr Company	LLC	-			
14218 Holle	Pand (4 Address		-			
Unlando d	TZ 328	24	_			
Conceptrod E-mail address: (to	ers softmai	L. Com.	-			
For further information co	oncerning this matter, plo	ease call:				
Smith Siname of	Olemer) f Person	at (<u>407</u> Area Code	Daytime Telephone Number			
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		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			

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		<u> </u>	ed to correct a previously filed document	-7 MIIO
<u>FIRST</u>	: The name of the limited	l liability company is:	inin Mortgage, It	
<u>SECO</u>	ND: The Florida Do	cument number of the limited liab	ility company is: L200000 9	7973
THIRD		e corrected is: <u>Orticus</u> S		
	(CHECK THE A	PPROPRIATE BOX AND COM	<u> </u>	<u>MENT</u>
□	Contains an incorrect st statement are as follows		the reason the statement is incorrect, and	the corrected
	I need new effe	chive date i	stive of the LLC;	the
	OR Was defectively signed as follows:	The manner in which the docume	ent was defectively signed and the appro	priate correction are
	OR The electronic transmiss	sign of the record was defective.		
		Authorized Representative	> 5/05/20 Date	20_
	re of new registered agering the designation).	nt, if applicable :(NOTE) if correc	ting the registered agent, the new register	red agent must sign
I hereby provisio obligati	y accept the appointment ons of all statutes relative ions of my position as reg i change in the registered	e to the proper and complete perfo gistered agent as provided for in C	uct in this capacity. I further agree to con rmance of my duties, and I am familiar w hapter 605, F.S. Or, if this document is b that the limited liability company has bee	with and accept the peing filed to merely
Registered Agent's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	