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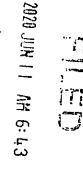
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JUN 30 2020 S. YOUNG

COVER LETTER

TO: Registration Son Division of Co			
SUBJECT: ME	Master C	LTVICES L	pility Company
Dear Sir or Madam:			
The enclosed Statement	t of Correction and fee(s) a	re submitted for filing	g.
Please return all corresp	pondence concerning this n	natter to the following	g:
Maria M&J	Name of Person	Tamayo	_
	Firm/Company	1	-
5036 Dr	- Phillips	3/10/ # 24:	5
Orlando	FL 324	819	_
mhotimic	City/State and Zip Code ANOTANGY © © o be used for future annual	hormail. Cor	<u></u>
For further information	concerning this matter, ple	ease call:	
Jacke	Ot Person	at (HO7 Area Code) 923-2587 Daytime Telephone Number
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check fo	r the following amount:		
A1\$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

	t to section 605.0209, F.S., this document is being submitted to correct a p. The name of the limited liability company is:	۱ -	d document. 27ViCQG	للا	
FIRST.	The name of the ninned natinty company is.	<u> </u>			
SECON THIRD		s: LZC Organiz	000011	844	<u>1</u>
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE	APPLICABL	<u>E STATEM</u>	<u>ENT</u>	
	Contains an incorrect statement. The incorrect statement, the reason the statement are as follows: Manager Name Needs to be:	<u>, </u>	, 	ne correc	eted
	(her last name is Otic	Mano -)(nc	- byph
_	OR Was defectively signed. The manner in which the document was defective as follows:	vely signed and	d the appropri	ate corre	ection are
			÷		

	<u>OR</u>			N 6: 1	Ö
	The electronic transmission of the record was defective.		•	င်္	
	Signature of Authorized Representative	D	ate		_
	re of new registered agent, if applicable: (NOTE: if correcting the register ng the designation).	red agent, the r	new registered	d agent r	nust sign
I hereby provisio obligation	egistered Agent's Signature, if changing Registered Agent: we accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my distance of my position as registered agent as provided for in Chapter 605, F.S. a change in the registered office address. I hereby confirm that the limited change. Registered Agent's Signature	luties, and I an S. Or, if this do	n familiar wit. Scument is bei	h and ac ng filed	cept the to merely

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)