## LZO 000 122979

(Requestor's Name)				
(Ad	dress)	_		
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(		,		
	cument Number)			
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Continue Continue	0 - 4:5:4-	( 0 - 1		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		Advertising Solutions LLC		·
301312	C1.	1	Name of Limited Liab	oility Company
Dear Si	r or Madam:			
The enc	losed Statemen	nt of Correction and fee(s) a	re submitted for filing	g.
Please r	eturn all corres	pondence concerning this r	natter to the following	g:
Nichola	s Mojica			
•	·	Name of Person		-
Catapul	lt Advertising S	Solutions LLC		
		Firm/Company		-
430 NV	V 39th Street			
•		Address		-
Deerfie	ld Beach, FL 3	3064		
		City/State and Zip Code		-
Nick@d	catapultadvertis	singsolutions.com		
E-	mail address: (	to be used for future annua	report notification)	-
For furt	her information	n concerning this matter, pl	ease call:	
Nichola	s Mojica		954	459.1506
	Name	e of Person	at (at Code	Daytime Telephone Number
	Mailing Addi Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check fo	or the following amount:		
<b>≡\$25</b> F	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

Pursua	ant to se	ction 605.0209, F.S., this document is being submitted to correct a previously filed doc	ument.				
<u>FIRS</u>	<u>T</u> : The n	ame of the limited liability company is:					
SECOND: The Florida Document number  THIRD: Document to be corrected is:  R		The Florida Document number of the limited liability company is:					
		Document to be corrected is:  Registered Agent Name on Sun Biz and on Articles of Org					
	!	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u> </u>				
•		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	Regis	Registered Agent/City on Articles - need uniformity on all forms					
	Nicho	Nicholas E Mojica/Deerfield Beach					
	Midd	Middle initial added to open a business banking account along with city matching for both forms as Deerfield Beach					
	OR						
<b>m</b>							
•	was of	defectively signed. The manner in which the document was defectively signed and the lows:					
			7120				
			.2				
	<u>OR</u>		3: 1,0				
•	The e	lectronic transmission of the record was defective.					
		Signature of Authorized Representative Date					
		ew registered agent, if applicable :( NOTE: if correcting the registered agent, the new relesignation).	egistered agent must sign				
-	•						
I herel	by accep	ad Agent's Signature, if changing Registered Agent:  at the appointment as registered agent and agree to act in this capacity. I further agree	to comply with the				
obliga	tions of	ll statutes relative to the proper and complete performance of my duties, and I am fam my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume	ent is heing filed to merely				
reflect	' a chang change.	ge in the registered office allahess, I hereby confirm that the limited liability company h	as been notified in writing				
		1 Juhora Noxua					
		Registered Agent's Signature	_				

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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