Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANANABIRD ENDURANCE GEL, LLC

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Electronic Filing Menu

Corporate Filing Menu

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JUL 0 1 2020

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant	t to section 605.021	09, F.S., this docume	ent is being submitte	d to correct a previous	y filed document.		
FIRST.	The name of the li	mited liability compa	Bananahi any is:	ird Endurance Gel, LLC			
THOI.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SECON	ID: The Flori	da Document numbe		lity company is:	0000139263	<u></u>	
THIRD	: Documen	nt to be corrected is:_	Articles of Organiz	ation			
	(CHECK T	HE APPROPRIAT	E BOX AND COM	PLETE THE APPLI	CABLE STATEMENT		
	statement are as fo	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected tatement are as follows:					
	The city of the LL	The city of the LLC's principal address, Manager's address & Registered Agent's address was listed as					
	Jacksonville, FL. 1	acksonville, FL. It should have been listed as Jacksonville Beach, FL. The correct principal address of the LLC,					
	Manager & Regist	Manager & Registered Agent is 116 2nd Avenue South, Unit 203, Jacksonville Reach, FL 32250.					
	OR						
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:						
						 -2	
						<u> </u>	
							
	<u>OR</u>			13		٠٠. ئ	
	The electronic tra	ensmission of the rec	ord was defective.	ug)].	6-26-2	000	
		ure of Authorized Re		- V +	Date	·`\$	
Signatu	Richard Tre of new registers	d D. McGeough, Mana ed agent, if applicable	ager e :(NOTE: if ∞rrea	cting the registered ager	nt, the new registered age	nt must sign	
acceptii	ng the designation).					
I hereb provision obligat reflect	y accept the appoi ons of all statutes	relative to the proper	agent and agree to r and complete perfi	act in this capacity. The ormance of my duties, a Chapter 605, E.S. Or, if	urther agree to comply wi and I am familiar with and this document is being fi y company has been notif	led to merely	
Registered Agent's Signature							
			•	\$25.00			
		Cer	Filing Fee: rtified Copy:	\$20.00 (option	al)		