## 120000 178389

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## **COVER LETTER**

(2E062 (9/15)

<ul><li>Registration Division of</li></ul>	Section Corporations			
вјест:	CH Embroide	Lry and V	inyl Desings LLC	
ar Sir or Madam:				
e enclosed Statem	ent of Correction and fee(s) a	are submitted for filing	3.	
ase return all corr	espondence concerning this r	natter to the following		
Baiane	Henrique Name of Person		-	
JCH Em	ibroidery an	nd viny LD	esings IIC.	
12200 M	lagnolia Tra	ice BLVI		
Ntz, FL	33549 City/State and Zip Code		-	
E-mail address:	to be used for future annua	CUSTOM (I report notification)	designs@gmail.com	Υ
r further informati	on concerning this matter, pl	ease call:		
Paiane Na	Henrique me of Person	at ( <u>813</u> Area Code	Daytime Telephone Number	
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
closed is a check	for the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Conv	

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

rsuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>RST</u> : The name of the limi	ted liability company is: <u>JCh</u>	<b>I</b>	nd Vinyl
		signs LLC	<del></del>
	Document number of the limited liab		0178389
<u>IIRD</u> : Document to	be corrected is: MISSpelled	d company na	me.
(CHECK THE	APPROPRIATE BOX AND COM	<u> 1PLETE THE APPLICABLE S</u>	<u>TATEMENT</u>
Contains an incorrect statement are as follows:	t statement. The incorrect statement, ows:	the reason the statement is incorre	ect, and the corrected
Incorrec	t spelling.		
_Instead		please corre	ct to
"DESI	GNS". Joh Er	nbroidery and Designs L	vinyl
<u>OR</u>	13	Designs L	.LC.
Was defectively sign as follows:	ed. The manner in which the docume		appropriate correction are
			<u>~~~</u>
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<u>OR</u>			
The electronic transn	nission of the record was defective.		
Signature	of Authorized Representative	08/20 Date	0/8020_
_	gent, if applicable :( NOTE: if correct	ting the registered agent, the new	registered agent must sign
	nature, if changing Registered Agent:		
ovisions of all statutes relatility ligations of my position as	ent as registered agent and agree to a tive to the proper and complete perfoi registered agent as provided for in C red office address, I hereby confirm t	rmance of my duties, and I am fan hapter 605, F.S. Or, if this docum	niliar with and accept the ent is being filed to merely
	Registered Age	ent's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	