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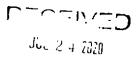
(Re	questor's Name)			
DA)	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

	nstration Section ision of Corporations		• •		
SUBJECT:	8893 Cambria Circle 1901, LEC				
SCIMILOT.	1	Name of Limited Liability Company			
Dear Sir or N	Aadam:				
The enclosed	Statement of Correction and fee(s) a	ire submitted for tilin	Ř.		
Please return	all correspondence concerning this n	natter to the followin	g:		
Joseph Lind	siy				
	Name of Person		_		
Lindsay and	Allen				
	Firm/Company		_		
13180 Livin	gston Rd #206				
	Address		-		
Naples, FL 3	4109				
·	City/State and Zip Code		_		
joe@naples.	law				
E-mail	address: (to be used for future annual	report notification)	_		
For further in	iformation concerning this matter, ple	rase call:			
Joseph Linds	wy	239	593-7900		
•	Name of Person	at (Area Code	Daytime Telephone Number		
Reg Div P.C	iling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is	rcheck for the following amount:				
■\$25 Filing	Fee S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		
JR2E062 (9	15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: 8893 Cambria Circle 1901, LLC SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: _____ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Name: 8893 Cambria Circle 1901, LLC Correct Name: 8993 Cambria Circle 1901, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective, Signature of Authorized Representative Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, it changing Registered Agent I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

(2E062 (9/15)