

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FILTER FRAMES, LLC

Certificate of Status	0
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 DIVISION OF STATE
 20 SEP 18 AM 11:12

2020 SEP 18 PM 4:46



September 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILTER FRAMES, LLC
3838 CIRCLE LAKE DR
TAMPA, FL 33417

SUBJECT: FILTER FRAMES, LLC
REF: L20000218187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

THE SIGNATURE MUST APPEAR DARKER IN ORDER TO IMAGE YOUR DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Darlene Connell
Regulatory Specialist II Supervisor

FAX Aud. #: H20000318679
Letter Number: 020A00017685

**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: FILTER FRAMES, LLC

SECOND: The Florida Document number of the limited liability company is: L20000218187

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE PRINCIPAL OFFICE AND MAILING ADDRESS LISTED IN ARTICLE I IS INCORRECT.

THE CORRECT PRINCIPAL OFFICE AND MAILING ADDRESS IS:

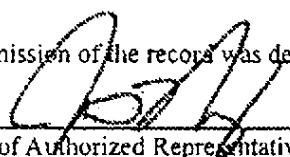
3898 CIRCLE LAKE DR., WEST PALM BEACH, FLORIDA 33417.

OR

- ☐ 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

SEPTEMBER 14, 2020

Date

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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, if 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, I hereby 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)