L20000 262301

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;





700350381357

09/11/20--01010--021 **25.00

2020 SEP II AM 9: 03 SECRETARY OF STATE

10/21/20 OL

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: BAS	SKICKIN FISH	NAG CHANTE Name of Limited Liab	FRS, LLC-
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	re submitted for filing	g.
Please return all corresp	ondence concerning this r	natter to the following	g:
STEPHEN	C SPATATOR Name of Person	A .	-
BASS KICKI	W FishNG CH Firm/Company	ALAGES	_
444 ALPIN	ie st		_
	Address		
ALAMONE	SPRINGS FO	32.701	
(City/State and Zip Code		-
STEVE Q BA	ASS KILKIW F15 o be used for future annual	HW CHAREN report notification)	S.Com
For further information	concerning this matter, plo	ease call:	
STEPHEN S	PATATORA	at (32/	689-9080
Name	of Person	Area Code	Daytime Telephone Number
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for	r the following amount:		
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY LED

1.5

Γ.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2020 SEP 11	AM OLOD
Pursu	ant to s	ection 605.0209, F.S	this document is being	g submitted to corr	ect a previousl	y i ncur ombinish. <i>I</i>	AM 9: U3
<u>FIRS</u>	<u>T</u> : The	name of the limited lia	ibility company is: Di	453 KICKIN	MSHING	TALLAHAS:	HE STATE SEE. FL
SEC@	<u>OND:</u>	The Florida Docu	ment number of the li	mited liability comp	pany is:	20000262	230/
<u> THI</u>	<u>RD</u> :	Document to be co	orrected is: \times\times\times\times	aronic f	introles	of Oxach	tration
		(CHECK THE APP	<u>PROPRIATE BOX A</u>	ND COMPLETE	THE APPLIC	CABLE STATEM	ENT
×	state	tains an incorrect state ment are as follows:					
	UN	DER TITLE A	MBAR THE	MIDDLE 11	VIDAC /	1 NCONEC	T IT
	RE	NOS (CORRECTLY)	SPATARORA,	STEVE L	But 5	thous REA	6
	SP	NDÉR TITLE A NOS (CURNATY) PATATORA, ST	EVÉ C. PU	EASE CHANGE	MIDDLE	INITIL FO	n L To C
	<u>OR</u>			THANK - Y	100		
		defectively signed. T	he manner in which th	e document was d	efectively sign	ed and the appropri	ate correction are
	<u>OR</u>						
	The	electronic transmission	n of the record was de	fective.		9/8/202	
	-	Signature of Au	thorized Representativ	/e		Date	<u>-</u>
		new registered agent, i designation).	if applicable :(NOTE:	if correcting the re	egistered agent	, the new registered	agent must sign
l here provis obliga reflec	by acce sions of itions o	red Agent's Signature, opt the appointment as all statutes relative to f my position as registed of the control	registered agent and a the proper and completed agent as provided	agree to act in this lete performance of d for in Chapter 66	f my duties, an 15, F.S. Or, if ti	d I am familiar with his document is bei	r and accept the ng filed to merely
		•	Regist	tered Agent's Signa	iture		

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