

L20 000274451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

MIRACLESFF LLC (L20000274451)
SUBJECT: _____ **Name of Limited Liability Company**

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIOLA FUENTES PINZON

Name of Person

MIRACLESFF LLC (120000274451)

Finn/Company

13825 NW 85TH CT APT. 1705

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

fabiola73fuentes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 the following amount:

\$25 Filing Fee

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S30 Filing Fee & Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

**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. 7:52

FIRST: The name of the limited liability company is: MIRACLESF LLC

SECOND: The Florida Document number of the limited liability company is: 120000274451

ARTICLES OF INCORPORATION

(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 REGISTERED NAME ON ARTICLES OF INCORPORATION AND STATE RECORDS IS MISPELLED.

THE CORRECT NAME SHOULD BE MIRACLEFF LLC (WITHOUT THE "S") AS REGISTERED BEFORE

THE IRS UNDER THE EMPLOYER IDENTIFICATION NUMBER 85-2985226

OR

17 Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

4 The electronic transmission of the record was defective.

Signature of Authorized Representative

October 07, 2020

Date

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)