

LZO 000 336555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

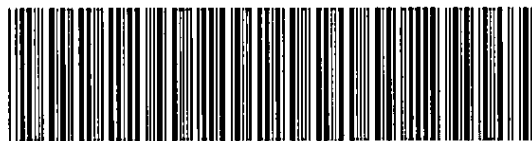
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2123721

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Searsy Popular Grinds LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Anderson

Name of Person

MyLLC.com, Inc.

Firm/Company

1910 Thomas Ave

Address

Cheyenne WY 82001

City/State and Zip Code

compliance@myllc.com

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

For further information concerning this matter, please call:

Jennifer Anderson

888 886-9552
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**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: Searsy Popular Grinds LLC

SECOND: The Florida Document number of the limited liability company is: 120000336585

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:

Incorrect statement- The Name and Address of person authorized to manage LLC: Sheila Harris-typo in first name

Corrected Statement: Shelia Harris

OR

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

Typo in Organizers name- Sheila Harris

Corrected Name- Shelia Harris

OR

- ☒ The electronic transmission of the record was defective.

Shelia Harris

Signature of Authorized Representative

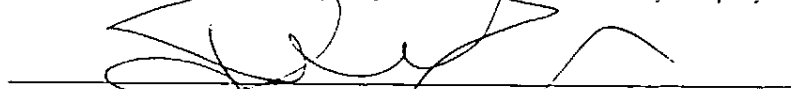
01/07/2021

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)

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TALLAHASSEE, FL