120000379031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900356404669

2020 DEC 15 AM SALVE SAME THE 15 PM IN 19

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/15/2020		⇔ WALK	[N**
ENTITY NAME SHEDAH	13 SOLUTIONS LLC		
DOCUMENT NUMBER		·····	
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy		
	Certified Copy Certificate of Status		
	Cerupicace of Scalas		
****	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATI	DN		
NUMBER OF CERTIFICAT	ES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
Please call Tina at the	r above number for any issues or concerns. Thank you so	much!	

December 16, 2020

SUNSHINE STATE

SUBJECT: SHEDAH3 SOLUTIONS LLC

Ref. Number: L20000379031

CORRECTED
PRESSO ANDW FOR
SEMBER FILE DELTA

Letter Number: 020A00025425

We have received your document for SHEDAH3 SOLUTIONS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

2899 FEC 17 \$110:53

COVER LETTER

TO: Registration Division of	Section Corporations		
	3 Solutions LLC		
SUBJECT:	3	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	y.
Please return all corr	espondence concerning this r	matter to the following	ā:
Fabrizio Lengua c/o	Zenbusiness PBC		
	Name of Person		-
c/o Zenbusiness PBC			
	Firm/Company		-
5900 Balcones Drive	: Suite 5000		
4874	Address		-
Austin, TX 78731			
	City/State and Zip Code		-
fulfillment@zenbusi	ness.com		
E-mail address:	(to be used for future annua	report notification)	-
For further information	on concerning this matter, pl	ease call;	
Fabrizio Lengua		512 at (237-7349
Nai	ne of Person	Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		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	☐ \$30 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. FIRST: The name of the limited liability company is:____ Shedah3 Solutions LLC The Florida Document number of the limited liability company is: L20000379031 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT /瓦 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The incorrect statement: Effective date is 01/11/2021. Effective date should be 12/03/2020. Please change the effective date to 12/03/2020. \underline{OR} Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are \cdot as follows: \underline{OR} \square The electronic transmission of the record was defective. Rashedah N Nenriques 12/17/2020
Signature of Authorized Representative Date Signature of new registered agent, if applicable it 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. 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)