

L20000394361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

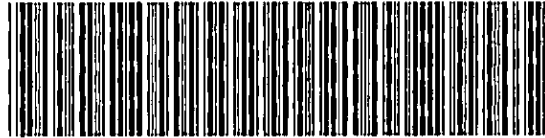
(Business Entity Name)

(Document Number)

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2021 JAN 15 AM 11:33

ST. HUNT  
&  
Carmichael K/C

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IT Services Unlimited LLC.  
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:

John Thompson  
Name of Person

\_\_\_\_\_  
Firm/Company

3537 Little Road  
Address

Clear Port Richey FL 34654  
City/State and Zip Code

bedderjenette89@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Thompson at (727) 376-7777  
Name of Person Area Code Daytime Telephone Number

**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:

☐ \$5 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: IT Services Unlimited LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000394369

**THIRD:** Document to be corrected is: LLC 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:

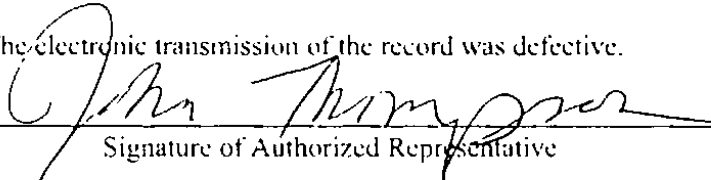
The name is listed incorrectly. IT Services  
Unlimited is the inaccurate name. The business  
name is IT Services Unlimited LLC

**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.

 1-9-2021  
Signature of Authorized Representative Date

2021 JAN 15 09:11:33

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign the designation).

**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 effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.*

\_\_\_\_\_  
Registered Agent's Signature

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