L20000395406

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(Add	dress)			
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Charles In

COVER LETTER

TO:	Registratio Division of	n Section Corporations	* .	
		for Rent 3, LLC		
SUBJE	CT:	·	Name of Limited Liab	ility Company
Dear S	ir or Madam:			
The en	closed Staten	nent of Correction and fee(s)	are submitted for filing	g.
Please	return all cor	respondence concerning this	matter to the following	<u>;</u>
Barbar	a			
		Name of Person	<u> </u>	-
Palmer	Accounting	Group. PA		
		Firm/Company		-
5652 N	4arquesas Ci	rele		
	<u> </u>	Address		-
Saraso	ta, FL 34233			
		City/State and Zip Code	.	-
srqforr	ent@gmail.c	om		
Е	-mail addres	s: (to be used for future annua	il report notification)	-
For fur	ther informa	tion concerning this matter, p	lease call:	
Barbar			941 at (922-4744
	N	ame of Person	Area Code	Daytime Telephone Number
	Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	sed is a checl	c 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

		name of the limited liability company is: SRQ For Rent 3, LLC	
SECON		The Florida Document number of the limited liability company is: L20000395406 Document to be corrected is:	
	•	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	
		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, a ment are as follows:	
- - <u>9</u>		<u>,</u>	
	<u>OR</u>		. r: 65
N	as fo	defectively signed. The manner in which the document was defectively signed and the appollows: signature of Authorized member is spelled incorrectly. The name should read Maria Reimann	
	OR The	clectronic transmission of the record was defective. Classification of the record was defective. Signature of Authorized Representative Date	91
		new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent	tered agent must sign
I hereby provisio obligati	acce ns of ons o char	red Agent's Signature, if changing Registered Agent: Lept the appointment as registered agent and agree to act in this capacity. I further agree to concern the statutes relative to the proper and complete performance of my duties, and I am familian of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document in the registered office address, I hereby confirm that the limited liability company has been as a company has been as a company has been agreed of the company has been as a company has been agreed agreement and the limited liability company has been accompany has been accompanied as a company has a company ha	r with and accept the s being filed to merely
		Registered Agent's Signature	

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)