

L21 000 000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

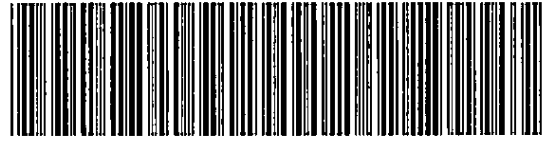
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/14/21

Office Use Only



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01/11/21--01016--027 \*\*25.00

FILED  
2021 MAR -4 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/20/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2021

CHRIS COBOURN  
PO BOX 3302  
PLACIDA, FL 33946

SUBJECT: WITH CHRIS COBOURN CONSULTING LLC  
Ref. Number: L21000000722

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 021A00003575

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chris Cobourn Consulting 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:

Chris Cobourn  
Name of Person

Chris Cobourn Consulting LLC  
Firm/Company

PO Box 3302  
Address

Placida, FL 33946  
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Cobourn at (207) 841-1353  
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:

- \$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**

**FILED**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.  
2021 MAR -4 AM 8:19  
With Chris Cobourn Consulting LLC

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: 1.21000000722

**THIRD:** Document to be corrected is: SunBiz 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 of the LLC is incorrect, it is worded as "With Chris Cobourn Consulting LLC."

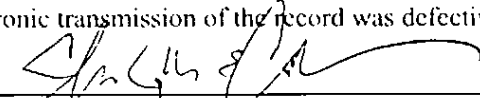
it should not have the word "With," it should be "~~Chris Cobourn Consulting LLC~~ Chris Cobourn Consulting LLC"

**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.

  
\_\_\_\_\_  
Signature of Authorized Representative

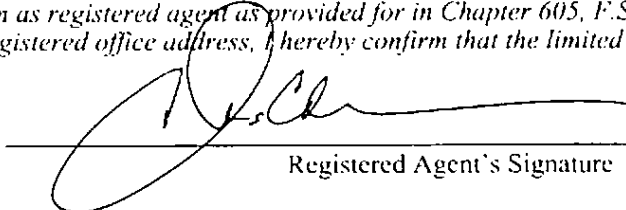
2.23.2021

\_\_\_\_\_  
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)