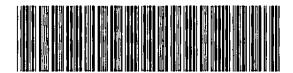
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## **COVER LETTER**

TO: Registration Division of	Section Corporations		
subject: <u>M</u> u	dfully Unique	Name of Limited List	oility Company
Dear Sir or Madam:	-		
The enclosed Statem	ent of Correction and fee(s) a	are submitted for filin	g.
	espondence concerning this i		
Alicia Ell	150M		-
	Name of Person	•	
	Firm/Company	·	_
1220 ALE 4	st ave		
1,2	Address		_
Homestrad,	FL 33033 City/State and Zip Code		_
Glicia, Ellis E-mail address	son@ariasplor	ret. 079	-
For further informati	on concerning this matter, pl	ease call:	
Alicia El	me of Person	at ( <b>10()</b> Area Code	) 371 6684 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

10 m

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	section 605.0209, F.S., this document is being subnername of the limited liability company is:	i .	
SECOND THIRD:		iability company is: <u>NO1000010566</u>	
sta		omplete the applicable Statement ont, the reason the statement is incorrect, and the corrected  \[ \left  \left  \right  \right  \text{and the AMBR} \] Removed as the rame	d
as 	as defectively signed. The manner in which the doct follows:	Sate of FEB 26 PM II 52  Shall and the appropriate of FEB 26 PM II 5	ion are
<u>о</u> п	e electronic transmission of the record was defective	1/24/21 Date	
New Regis I hereby ac provisions obligation	of new registered agent, if applicable :( NOTE: if cor the designation).  tered Agent's Signature, if changing Registered Age cept the appointment as registered agent and agree of all statutes relative to the proper and complete pe of my position as registered agent as provided for is ange in the registered office address. I hereby confi- inge.	to act in this capacity. I further agree to comply with the orformance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed to rm that the limited liability company has been notified in	pt the merely
	Registered / Filing Fee: Certified Copy:	Agent's Signature \$25.00 \$30.00 (optional)	