

L21000022544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

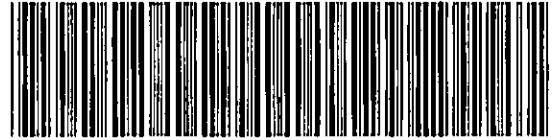
(Business Entity Name)

(Document Number)

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

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2021 JUN -1 AM 10:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECTION OF THE  
TALLAHASSEE OFFICE

May 13, 2021

MARIO R THEODORE  
54 SPRINGDALE CIR  
PALM SPRINGS, FL 33461

SUBJECT: CHINYERE ATTALLAH, LLC  
Ref. Number: L21000022544

We have received your document for CHINYERE ATTALLAH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Terri J Schroeder  
Supervisor

Letter Number: 521A00010101



**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: Chinyere Attallah, LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000022544

**THIRD:** Document to be corrected is: Authorized Persons

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**(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 Authorized Persons Detail currently reflects inaccurate input information. The present input reflects a repeat of the same member's name (AR Mario R. Theodore and Mario Theodore). The information submitted reflected 2 different AR members: Mario R. Theodore and Marlene Theodore (this is the accurate information)

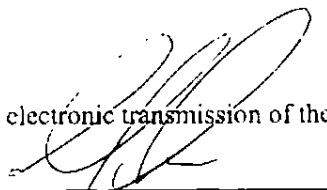
**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

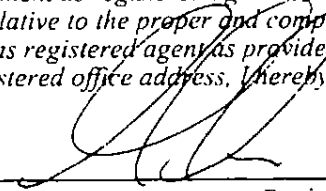
The electronic transmission of the record was defective.

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

5/26/2021  
\_\_\_\_\_  
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 / *MARIO R. THEODORE* (AS REQUIRED)

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