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| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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R. HUNT



COVER LETTER

| Division of | Corporations | | |
|--|---|--------------------------------------|--|
| Luz Ar | ntonia Rivera LLC | | |
| SUBJECT: | | Name of Limited Liab | pility Company |
| Dear Sir or Madam; | | | |
| The enclosed Staten | ent of Correction and fee(s) a | are submitted for filin | g. |
| Please return all corr | respondence concerning this i | matter to the following | ā. |
| Luz A. Rivera | | | |
| | Name of Person | | - |
| Luz Antonia Rivera | LLC | | |
| | Firm/Company | | _ |
| 1441 SE Riveragree | n Cir | | |
| | Address | | _ |
| Port St Lucie, FL 34 | 952 | | |
| - | City/State and Zip Code | | _ |
| lucyriverahomes4U0 | @gmail.com | | |
| E-mail address | : (to be used for future annua | l report notification) | - |
| For further informati | on concerning this matter, pl | case call: | |
| Luz A. Rivera | | 954 at (| 629-1043 |
| Na | me of Person | Area Code | 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 & Centified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursuan | nt 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: Luz Antonia Rivera LLC | |
| <u>. 1145 .</u> . | | |
| <u>SECON</u> | ND: The Florida Document number of the limited liability company is: 1.21000023864 | |
| <u>THIRD</u> | 2: Document to be corrected is: Managing member name | |
| | (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT | |
| | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct statement are as follows: | |
| | Managing member name states Lucy A. Rivera. Name should read: Luz A. Rivera | SISIA 0.35 |
| | Managing member name states Lucy A. Rivera. Name should read: Luz A. Rivera | GLYRUGROD JO NOISIAIO TIVIS JO ABVIDRO IS |
| | | 13.00 20.48 |
| | OR 2: 07 | 0830; VIS. |
| | | == |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correct as follows: | on are |
| | | |
| | | |
| | | |
| | | |
| | <u>OR</u> | |
| | The electronic transmission of the record was defective. | |
| | | |
| | Signature of Authorized Representative Date | |
| | re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must the designation). | t sign |
| New Re | egistered Agent's Signature, if changing Registered Agent: | |
| provisio obligatio | y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to a change in the registered office address. I hereby confirm that the limited Pability company has been notified in | nerely |
| og ans u | | |
| | Registered Agent's Signature | |
| | Filing Foo: \$25 00 | |

Certified Copy:

\$30.00 (optional)

CR21/062 (0/15)