

L21000031667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

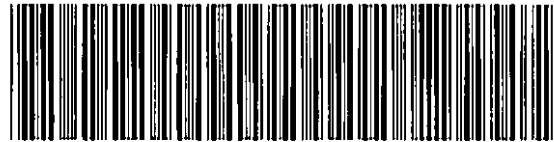
(Business Entity Name)

(Document Number)

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

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FILED  
2021 FEB 12 AM 10:11  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2021 FEB 12 PM 4:33  
CLERK OF STATE  
TALLAHASSEE, FL

MISSISSIPPI

FEB 15 2021

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/12/2021

**\*\*WALK IN\*\***

ENTITY NAME NAIL DRYWALL LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nail drywall 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:

Fabrizio Lengua c/o Zenbusiness PBC

\_\_\_\_\_  
Name of Person

c/o Zenbusiness PBC

\_\_\_\_\_  
Firm/Company

5900 Balcones Drive Suite 5000

\_\_\_\_\_  
Address

Austin, TX 78731

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabrizio Lengua

512

237-7349

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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**

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: Nail drywall LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000031667

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

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

**OR**

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

The Signature of Authorized Representative should be Brandon L Nail, not Danette R McCoy-Nail

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

**OR**

☐ The electronic transmission of the record was defective.

Brandon L Nail

02/11/2021

Signature of Authorized Representative

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)**