

3/5/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2100009046032622

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000090460 3)))



H210000904603ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MYLLC.COM, INC.
Account Number : I20130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WALAKA YEARNY CREATIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000090460 3

**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: Walaka Yearny Creations LLC

SECOND: The Florida Document number of the limited liability company is: L21000032622

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:

Article IV: The Name and Address of Person Authorized to Manage LLC: Williams Jennings SR

2262 Swedish Drive Apt 42 Clearwater, FL 33763. Typo in First Name of Manager - S in Williams

William Jennings SR 2262 Swedish Drive Apt 42 Clearwater, FL 33763

OR

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

Typo in First Name of the Authorized Representative - S in Williams

William Jennings SR

OR

- ☒ The electronic transmission of the record was defective.

William Jennings SR

Signature of Authorized Representative

3/4/2021
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)