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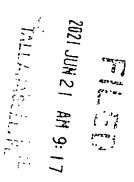
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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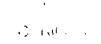
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Land Spelling Can Name of Omitted Liah	CCHON pility Company			
Dear Sir or Madam:				
The enclosed Statement of Correction and fee(s) are submitted for filin	fr			
Please return all correspondence concerning this matter to the followin	g:			
Name of Person	_			
Mini Mili Denuts LC	_			
3344 Bucksun Tr East				
City/State and Zip Code	_			
Mini Mini davits @ Mail. com E-mail address: (to be used for future annual report notification)	_			
For further information concerning this matter, please call:				
11M Brown an got	3038882			
Name of Person 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 & ☐\$55 Filing Fee & Certificate of Status Certified Copy	S60 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.
<u>FIRST</u> :	The name of the limited liability company is: MI MIII DONG	iff CCC
SECON THIRD:		10000 44712 iii Instad of Mii iiDoruk CLC ABLESTATEMENT
-	Contains an incorrect statement. The incorrect statement, the reason the statement statement are as follows:	is incorrect, and the corrected
	OR Was defectively signed. The manner in which the document was defectively signed as follows:	d and the appropriate correction are
	The electronic transmission of the record was defective. Signature of Authorized Representative	4/5/2021
_	e of new regi stered agent, if applicable it NOTE; if correcting the registered agent, g the designation).	the new registered agent must sign
I hereby provision obligation	gistered Agent's Signature, it changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I firth us of all statutes relative to the proper and complete performance of my duties, and uns of my position as registered agent as provided for in Chapter 605, F.S. Or, if th change in the registered office address, I hereby confirm that the limited liability c hange.	I am familiar with and accept the is document is being filed to merely
	Registered Agent's Signature	

Filing Fee: \$25.00 ified Copy: \$30.00 (

\$30.00 (optional)

Certified Copy: