

L21000051608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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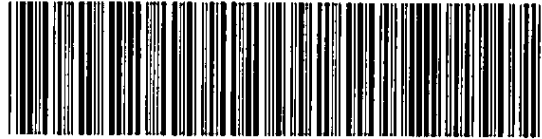
(Business Entity Name)

(Document Number)

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16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPLETE FAMILY REALTY, 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:

ROBERT GRIFFITH  
Name of Person

Complete Family Realty, LLC  
Firm/Company

15390 County Road 565A  
Address

Groveland, FL 34736  
City/State and Zip Code

Robert.Completefamilyrealty@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT GRIFFITH at 352 449,2633  
Name of Person Area Code Daytime Telephone Number  
*Text or Email ONLY, I AM NON VERBAL*

**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: Complete Family Realty, LLC

**SECOND:** The Florida Document number of the limited liability company is: 800359072548

**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:

THE SPELLING OF MY LAST NAME, IN ARTICLES  
III, IV, and V IS INCORRECT, APPARENTLY, AUTO  
CORRECT CHANGED IT, AND I DID NOT NOTICE.  
THE CORRECT SPELLING IS GRIFFITH NOT  
OR GRIFFIN

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

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TALLAHASSEE, FLORIDA

**OR**

- ☐ The electronic transmission of the record was defective.

[Signature] 2/12/21  
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.*

[Signature]  
Registered Agent's Signature

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