

L21 000055560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

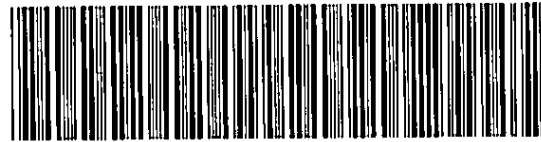
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIDER STUDIO BY MARIA 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:

NANCY GRACIA TUCKER

Name of Person

SPIDER STUDIO BY MARIA LLC

Firm/Company

2491 RUNYON CIRCLE

Address

ORLANDO/FLORIDA/32837

City/State and Zip Code

admin@ssbymaria.com

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

For further information concerning this matter, please call:

Nancy Gracia Tucker

407

2855256

at (_____) _____

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 &
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: SPIDER STUDIO BY MARIA LLC

SECOND: The Florida Document number of the limited liability company is: L21000055560

THIRD: Document to be corrected is: ELECTRONIC ARTICLES OF ORGANIZATION also in SUNBIZ

(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:

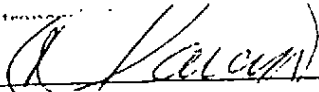
The word STUDIO is incorrect

OR

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

OR

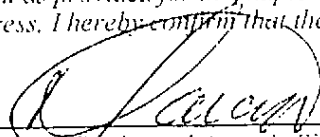
☒ The electronic transmission

 _____
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)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000055560
FILED 8:00 AM
February 01, 2021
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

SPIDER STUDO BY MARIA LLC

STUDIO

Article II

The street address of the principal office of the Limited Liability Company is:

2491 RUNION CR
ORLANDO, FL. 32837

The mailing address of the Limited Liability Company is:

2491 RUNION CR
ORLANDO, FL. 32837

Article III

The name and Florida street address of the registered agent is:

NANCY GRACIA TUCKER
2491 RUNYON CR
ORLANDO, FL. 32837

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.