

L21000064451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

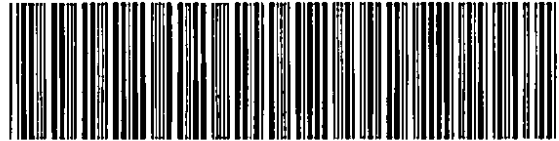
(Business Entity Name)

(Document Number)

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

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2021 MAR 31 AM 8:12  
FAC. HASSELL

Stmt Corr.

JUN 04 2021

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPREME PAINTERS 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:

RUTH MARTE

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

CAPITAL TAX & FILING SOLUTIONS

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

375 N STATE RD 434 STE 208

\_\_\_\_\_  
Address

ALTAMONTE SPRINGS, FL 32714

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

CAPITALTAX1610@GMAIL.COM

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

For further information concerning this matter, please call:

RUTH MARTE

863

599-9894

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: SUPREME PAINTERS LLC

**SECOND:** The Florida Document number of the limited liability company is: 12100064451

**THIRD:** Document to be corrected is: ONE OF THE MGR IS SPELL INCORRECTLY *Articles of Organiz at 101*

**(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:

LAST NAME OF ONE OF THE MGR IS SPEELL INCORRECTLY. PLEASE CORRECT AS IS SUPPOST TO B

MGR FULL NAME: JUAN TORRES. INCORRECT LAST NAME TORREZ CORRECT SPELL IS TORRES

**OR**

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

**OR**

- ☒ The electronic transmission of the record was defective.

*Yofarling Mendoza*  
Signature of Authorized Representative

*3/25/21*  
Date

**FILED**  
2021 MAR 31 AM 8:12  
TALLAHASSEE, FL

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.*

*Deah E. White*  
Registered Agent's Signature

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