## L21000066117

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Opecial instructions to	Filling Officer.	

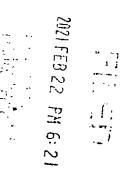
Office Use Only



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APR 1 9 2021 S. YOUNG



## February 17, 2021

To whom it may concern:

I filed electronically for an LLC on February 8, 2021. I paid \$160.

This morning, February 17, I still had received nothing, so I sent an email asking for help. I received all three enclosed documents by email this afternoon.

However, upon reviewing the documents, I see the word "Enterprises" was misspelled. I am needing this to be corrected ASAP, as we are closing on the business March 1, 2021. I still need to get an EIN number as well as several other pertinent licenses, etc.

Thank you for your prompt attention to this matter.

Since I am unable to speak to a live person, I hope I filled this out correctly. I am paying the top price \$60, in hopes that I receive all of the documents for my files.

My best,

Beverly Bohnert

5814 51st St. S

Saint Petersburg, FL 33715

Bohnert Enterprises, LLC

816-560-3808

			COVER LI	ETTER
TO:	Registration S Division of Co		(snoll	ed in correctly)
SUBJE	CT: Bohnert I	Enterpises, LLC		
		l	Name of Limited Lial	ынку Сопрапу
Dear Si	r or Madam:			
The enc	losed Statemen	t of Correction and fee(s)	are submitted for filin	g.
Please r	eturn all corresp	ondence concerning this i	matter to the followin	g:
Beverly	Bohnert		, <del>-</del>	_
		Name of Person		
Bohner	t Enterprises, 1.	LC		
		Firm/Company		_
<u>5814 51</u>	1st St. S			
		Address		_
Saint Pe	etersburg			
	(	City/State and Zip Code		_
beverly	haasbohnert@g	mail.com		
E-:	mail address: (t	o be used for future annua	report notification)	_
For furth	her information	concerning this matter, ple	ease call:	
Beverly	Haas Bohnert		at ( 816	) 522-3808
	Name	of Person	Area Code	Daytime Telephone Number
	Mailing Addre	ess:		Street Address:
	Registration	Section		Registration Section
		Corporations		Division of Corporations
	P.O. Box 63			The Centre of Tallahassee
	Tallahassee,	rL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	d is a check for	the following amount:		
□\$25 F	iling Fee	☐ \$30 Filing Fee &	□\$55 Filing Fee &	■ S60 Filing Fee.
	-	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Document to be corrected is: Name: Bohnert Enterprises  HECK THE APPROPRIATE BOX AND COMPLE  an incorrect statement. The incorrect statement, the ret are as follows:  LLC is incorrectthe word Enterprises is missing the seconame is Bohnert Enterprises, LLC	TE THE APPLICABLE STATE eason the statement is incorrect, and	MENT
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name is Bohnert Enterprises, LLC		<del></del>
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Signature of Authorized Representative	Date	
registered agent, if applicable :( NOTE: if correcting th	e registered agent, the new register	ed agent mu
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gent's Signature, if changing Registered Agent:		
	ronic transmission of the record was defective.  Signature of Authorized Representative registered agent, if applicable :( NOTE: if correcting the gnation).	ronic transmission of the record was defective.  Signature of Authorized Representative  Date registered agent, if applicable :( NOTE: if correcting the registered agent, the new register gnation).

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)