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COVER LETTER

Division of Corporations
SUBJECT: 1-888 Trading 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:
Cline Phillips Name of Person
Affordable Accounting & Tax Services, LLC
222 N Federal hwy, ste 104 Address
Dania Beach, FL, 33004 City/State and Zip Code
Cline phillips @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cline Phillips at 954 298-5832 Name of Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

□\$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status &

Certified Copy

CR2E062 (9/15)

\$25 Filing Fee

Enclosed is a check for the following amount:

\$30 Filing Fee & Certificate of Status

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

	t 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: 1-888 Trading LLC
<u>SECON</u> THIRD	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The name of the officer was misspelled
	The name of the officer was misspelled Correct name is; Bhurani, Sumeet
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	2821 HAR
	1 Ch
	<u>OR</u>
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
Signatu	re of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign
	ng the designation).
I hereby provision obligation reflect of	egistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ans of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing
of this c	Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)