## L21000082385

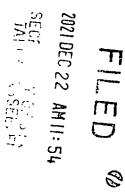
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ling Officer.





700376843167

11/23/21--01002--015 \*\*52.50



OEC 2 PAUMONES

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

VoidWave LLC SUBJECT:				
	Name of Corporation			
DOCUMENT NUMBER: L21000082385		<del></del>		
The enclosed Articles of Correction and fe	ee are submitted f	or filing.		
Please return all correspondence concernit	ng this matter to t	he following:		
Ivan Larramendi				
Name of Contact Person		-		
VoidWave				
Firm/Company		-		
8330 Calento St		:		
Address		- 7021.551.22   55111:19		
Jacksonville Fl 32211		[07] 72 (11.10)		
City/State and Zip Code	··· ··	- ;		
info@voidwaveco.com				
E-mail address: (to be used for future annual re	eport notification)	-		
For further information concerning this ma	atter, please call:			
Jessica Mestre	904 at (	309-0614 ) Daytime Telephone Number		
Name of Contact Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the following amo	unt: PREVIO	usly Paid		
☐ \$35.00 Filing Fee	□ \$43.75 Filir	ng Fee & Certificate of Status		
☐ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Fili Cert	ng Fee, Certificate of Status & ified Copy		
Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **ARTICLES OF CORRECTION**

For

VoidWave LLC				
Name of Corporation as currently filed with the Florida Dept. of	State		_	<del>_</del>
1.21000082385				
Document Number (if known)	<del></del>			
Pursuant to the provisions of Section 607.0124, Florida Statutes.				
These articles of correction correct Article of organization  (Document Type Bein	a Corrected)		<del></del> ;	
· ·	.g conversely			
filed with the Department of State on 02/17/2021 (File Date of Document)	•			
Specify the inaccuracy, incorrect statement, or defect:				
Title of company ( VoidWave LLC )				
		ຜາ	2(	<u> </u>
		<u> </u>	2021	
			DEC	П
		A.,	22	·
		19 C	1 <u>A</u>	
Correct the inaccuracy, incorrect statement, or defect:			AM 11: 51	U
Title of company correction ( VoidWaveco LLC )		المنظر المنظر المنظر المنظر	<del>با</del> 5	_
	<u>.</u>			
	-			
(Signature of a director, president or other officer - if directors or off not been selected, by an incorporator - if in the hands of the receiver other court appointed fiduciary, by that fiduciary.)	ficers have r, trustee, or			
12				
van Larramendi	Owner			
(Typed or printed name of person signing)	(	Title of person si	igning)	

Filing Fee: \$35.00