

KZ1000160871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

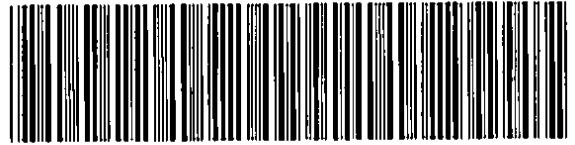
(Business Entity Name)

(Document Number)

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FILED  
2021 JUN -2 AM 5:43  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Building Homes Network 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:

Nestor Martinez  
Name of Person

Building Homes network LLC  
Firm/Company

6280 NW 186 St #106  
Address

Hialeah FL 33015  
City/State and Zip Code

gabrielamartinez1717@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nestor Martinez at ( 786 ) 236-1272  
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: Building Homes Network LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000160871

**THIRD:** Document to be corrected is: L21000160871

**(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 "President" status needs to be  
changed to "Manager" status.

**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.

[Signature]  
Signature of Authorized Representative

FILED  
2021 JUN -2 AM 5:43  
TALLAHASSEE, FLORIDA  
06/26/2021  
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.*

[Signature]  
Registered Agent's Signature

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