121000163108

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|---------------------------------|--|--------------------------------------|--|
| | ALL RENOVATIONS GRO | UP LLC | |
| SOBJECT: | | Name of Limited Liab | oility Company |
| Dear Sir or Madam: | | | |
| The enclosed Statem | ent of Correction and fee(s) a | are submitted for filin | ត៌. |
| Please return all corr | respondence concerning this r | natter to the following | g: |
| DANIEL RIVERA | | | |
| | Name of Person | | _ |
| OVERALL RENOV | ATIONS GROUP LLC | | |
| | Firm/Company | - . | - |
| 3509 VEGA CREEK | K DRIVE | | |
| | Address | | _ |
| SAINT CLOUD, FL | . 34772 | | |
| | City/State and Zip Code | | _ |
| LORAYNE_MORA | LES@YAHOO.COM | | |
| E-mail address | : (to be used for future annua | report notification) | _ |
| | | | |
| For further informati | on concerning this matter, pl | ease call: | |
| LORAYNE MORAI | LES | 321 at (| 301-2897 |
| Na | me of Person | Area Code | Daytime Telephone Number |
| Division of P.O. Box | on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Engrosed is a check | for the following amount: | | |
| S25 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. <u>FIRST</u>: The name of the limited liability company is:_ The Florida Document number of the limited liability company is: 121000163108 SECOND: Document to be corrected is:_ L21000163108 THIRD: (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 REGISTERED AGENT IS ALSO THE MANAGING MEMBER OF THIS LLC THE MANAGING MEMBER SHOULD BE: LORAYNE MORALES WHOSE ADDRESS IS 3509 VEGA CREEK DRIVE, SAINT CLOUD, FL 34772 OR 4 Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: ALL DOCUMENTS ARE SIGNED BY THE MANAGING MEMBER. LORAYNE MORALES 3509 VEGA CREEK DRIVE SAINT CLOUD FL 34772 DANIEL RIVERA IS NOT A MEMBER OF THIS LLC OR 7 The electronic transmission of the record was defective. Signature of Authorized Representative 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)