

6/11/2021

L21000180636

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H21000232233ABCS

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY HUMBLE ABODE LLC**

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Page Count	01
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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**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: MY HUMBLE ABODE LLC

SECOND: The Florida Document number of the limited liability company is: L21000180636

THIRD: Document to be corrected is: Articles of Organization

(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:

Incorrect Statement: AMBR: KARIL DIAZ

Reason Statement is Incorrect: missing middle name

Correct Statement: AMBR: KARIL DELGADO DIAZ

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Cristina Garrastazu Martfn signed the Registered Agent acceptance, who is not authorized to sign

The correct authorized signer for the Registered Agent, LEGALINC CORPORATE SERVICES INC

is Anna Manukyan

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

6/11/2021

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.

Registered Agent's Signature

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

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