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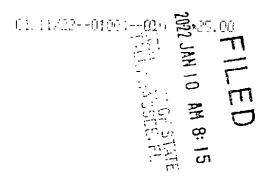
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## **COVER LETTER**

	tration Section on of Corporations		
SUBJECT:	MINI TRUCKS OF TAMPA BAY A	A LIMITED LIABIL	ITY COMPANY
	1	Name of Limited Liab	oility Company
Daar Sir or Ma	dam:		
The enclosed S	statement of Correction and fee(s) a	re submitted for filin	ų.
Picase return al	B correspondence concerning this n	natter to the followin	g:
William J Carr	nen Ji		
	Name of Person		-
MINI TRUCK	S OF TAMPA BAY A LIMITED I	JABILITY COMPA	1,
	Firm/Company		-
9925 Ulmerton	Road Unit 74		
	Address		_
Largo Florida .	33771		
	City/State and Zip Code		-
E-mail ad	dress: (to be used for future annual	report notification)	_
For further info	ormation concerning this matter, ple	ase call:	
William J Carn	nen Jr	727	678 4237
_ <del></del>	Name of Person	at (at Code	Daytime Telephone Number
Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, 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 c	heck for the following amount:		
XIb25 Filing Fe	ce S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status &

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

	$\underline{T}$ : The name of the limited liab.  MINI TRUCKS OF TA	MPA BAY A LIMITED LL	ABILITY COMPANY						
SECO FHIR		ent number of the limited lia ected is:							
		OPRIATE BOX AND CO							
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:								
	Articals of Incorporetation page	ge 2 Artical 5 need to change	the Title of William J Ca	urmen Jr from AR	to Mana	ger			
3	OR  Was defectively signed. The as follows:	manner in which the docum	nent was defectively sig	ned and the appro	ppriate c	orrection 2			
				-17 2-5	2022 11				
	OR			2000 2000 2000	01 #				
]	The electronic transmission o			1-7/23	AM 8:	ΕD			
ignati rcepti	Signature of Authoure of new registered agent, if a ing the designation).	rized Representative  pplicable :( NOTE: if correc	ting the registered agen	Datc ~;		nt must sig			
hereb rovisi bligat eflect	egistered Agent's Signature, if by accept the appointment as regions of all statutes relative to the tions of my position as registere a change in the registered office change.	gistered agent and agree to eproper and complete perform a gent as provided for in C enddress, Thereby confirm	act in this capacity. I fin rmance of my duties, ar hapter 605, F.S. Or, if t that the limited liability	nd I am familiar v This document is I	vith and	accept the			
	-	Registered Age	nt's Signature						
		Filing Fee:	\$25.00						