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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AND BRICKS, MORTAR AND MORE INVESTMENT LLC

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CR2E062 (9/15)

## COVER LETTER

	Registration : Division of C					
		Mortar and More Investment	LLC			
SUBJEC	T:	Na	lame of Limited Liability Company			
Dear Sir	or Madam:					
The enci	osed Stateme	nt of Correction and fee(s) are	submitted for filing	,		
Please re	turn all corre	spondence concerning this ma	atter to the following	:		
Karyn S	ales					
		Name of Person				
Bricks,	Mortar and M	lore Investment LLC				
		Firm/Company		•		
301-5 D	OUGLAS ST	г.				
		Address		•		
GUELP	H, ONTARIO	O CANADA NIH 2S8				
		City/State and Zip Code		•		
ksales@	SkylineGRP	,ca				
E-	mail address:	(to be used for future annual	report notification)	•		
For furt	ner informatio	on concerning this matter, ple	ase call:			
	y L. Scanlon		716	848-1538		
		ne of Person	at (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		
Enclose	d 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 doci	ument is being submitted	to correct a previously f	iled documer	nt.		
			Bricks Mortar	and More Investment LL				
FIRST:	the name of th	e limited liability co	mpany is					
SECON	D: The F	lorida Document nur	mber of the limited liabil	ity company is:	95225			
**	<u> </u>		is: ARTICLES OF ORGA	NIZATION				
THIRD								
	(CHECK	THE APPROPRI	ATE BOX AND COM	PLETE THE APPLICA	BLE STAT	<u>EMENT</u>		
· 🔯	statement are a	is follows:		he reason the statement is	s incorrect, a	nd the corr	rected	
	The name of the	te AMBR is listed ind	correctly as 2855488 ONT	ARIO INC.				
	The correct na	me of the AMBR is 2	835488 ONTARIO INC.					
	The incorrect	statement was a simp	le clerical error when filling	ng out the Articles of Orga	nization.			
G	OR Was defective as follows:	ly signed. The man	ner in which the docume	nt was defectively signed	d and the app	ropriate co	om <del>e</del> ctio	n are
	<u>OR</u>	/1					21 4	
	The electroni	c transmission of the	e record was defective.		05/18/2021		AY	1
	<i>j</i> . <u></u>	Vin 1			Date	:::\ <u>:</u> ::::::::::::::::::::::::::::::::	<del>-</del>	
		gnature of Authorize				1177	Ę.	
ассері	ing the designa	mon).		ting the registered agent,	the new regi	istered age	111 must 22 00	t sign
I herei provis obliga refleci	by accept the a sions of all stati	ppointment as regist utes relative to the p	roper and complete person	act in this capacity. I fur ormance of my duties, and Chapter 605, F.S. Or, if the that the limited liability	his document	is being fi	iled to n	ot the nerely writing
	Registered Agent's Signature							
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optiona	1)			