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	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Ci-11tti	Cities Officer	
Special Instructions to	Filing Officer.	
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## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT: BRYAN	NâS DOG GROOMING		
	,	lame of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) a	re submitted for filin	y.
Please return all corres	spondence concerning this n	natter to the following	g.
NA'	TALIE SPLINTER		
<u> </u>	Name of Person		_
1	NEROS CORP		
	Firm/Company		
16520 S	W 137 AVE APT 1012		_
	Address		
MI	AMI,FL 33177		_
	City/State and Zip Code		
•	linter001@gmail.com	_	_
E-mail address: (	to be used for future annual	report notification)	
For further information	n concerning this matter, ple	rase call:	
NATALI	E SPLINTER	at ( (786)	208-4438
Nam	e of Person	Area Code	Daytime Telephone Number
P.O. Box 6	n Section Corporations		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	or 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.

ECOND:	The Florida Document number of the limited liability company is: _	L21000213457	
HRD:	Document to be corrected is:		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE AF	PPLICABLE STATEMEN	<u>T</u>
	ains an incorrect statement. The incorrect statement, the reason the statement are as follows:	ement is incorrect, and the c	orrected
	BRYANâS DOG GROOMING LLC	,	
DUE TO	ELECTRONIC TRANSMITTION ERROR IT WAS A MISSPEI	LLING IN THE COMPAN	IY'S NA
THE	CORRECT NAME FOR THE COMPANY IS BRYAN'S I	DOG GROOMING LLC	
<u>OR</u>			
	defectively signed. The manner in which the document was defectively llows:	signed and the appropriate	
		, E	; ;
			1 1
<u>OR</u>	/12 .	77. COND	
The	electronic transmission of the record was defective.	». 10	
	//////////////////////////////////////	05.24.2021 Date	
epting the	new registered agent, if applicable :( NOTE: if correcting the registered designation).  The designation of the design of the registered is a second of the registered agent and agree to act in this capacity, all statutes relative to the proper and complete performance of my duties from the project as provided for in Chapter 605, F.S. One on the registered agent as provided for in Chapter 605, F.S. One on the registered office address, I hereby confirm that the limited liab	. I further agree to comply wes, and I am familiar with am fr. if this document is being f	rith the id accept t iled to me