

L21000223492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

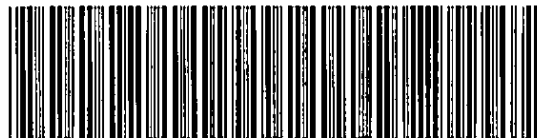
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/21--01013--019 **25.00

2021 JUL -8 PM 1:33

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Mechanics

JUL 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAIZEN PARTNERS FOR VETERANS HOUSING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH ROY DUENAS

Name of Person

KAIZEN PARTNERS FOR VETERANS HOUSING, LLC

Firm/Company

4424 NW 13TH STREET, SUITE C-11

Address

GAINESVILLE, FL 32609

City, State and Zip Code

ROY@KAIZENPARTNERS4VETERANSHOUSING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH ROY DUENAS

Name of Person

at (352) 283-9577

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

Enclosed 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



RECEIVED

JUL -8 AM 2:02
FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

ROY DUENAS
4424 NW 13TH STREET
STE. C-11
GAINESVILLE, FL 32609

SUBJECT: KAIZEN PARTNERS FOR VETERANS HOUSING, LLC
Ref. Number: L21000223492

We have received your document for KAIZEN PARTNERS FOR VETERANS HOUSING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or manager of the limited liability company.

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 121A00015171

**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: KAIZEN PARTNERS FOR VETERANS HOUSING, LLC

SECOND: The Florida Document number of the limited liability company is: L21000223492

THIRD: Document to be corrected is: NAME OF COMPANY

(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 INCORRECT STATEMENT IS: KAIZEN PARTNERS FOR VETERANS HOUSING, LLC

REASON: WORD PARTNERS SHALL BE PARTNERS

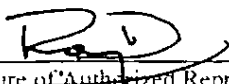
THE CORRECT STATEMENT IS: KAIZEN PARTNERS FOR VETERANS HOUSING, LLC

OR

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

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

JULY 06 - 2021
Date

2021 JUL - 8 PM 1:33
FILED

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)