## 12100023304

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist transmission to Filip Officer
Special Instructions to Filing Officer:

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/21/2021		**WALK IN**
ENTITY NAME YUMED	GLOBAL SOLUTIONS LLC	
DOCUMENT NUMBER		472
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy Certificate of Status	r ANIK IN
** <i>p</i> _	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	Certificate of Good Standing	K 13
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION	•	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so n	nuch!

## **COVER LETTER**

	istration S ision of C	orporations				
SURIFCT	Yumed Global Solutions LLC					
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	l Statemen	t of Correction and fee(s)	are submitted for filin	ng.		
Please return	all corres	pondence concerning this	matter to the followin	g:		
Fabrizio Ler	igua					
	··	Name of Person		_		
ZenBusiness	s INC.					
		Firm/Company		_		
5511 Parkere	est Dr. Su	ite 207				
		Address		<del></del>		
Austin, TX 7	78731					
-		City/State and Zip Code	· <u>-</u>	_		
fulfillment@	zenbusine	ess.com				
E-mail	address: (1	to be used for future annua	al report notification)	_		
For further in	nformation	concerning this matter, p	lease call:			
Fabrizio Len	ıgua		512 at (	237-7349		
	Name	of Person	Area Code			
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 fo	r 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. FIRST: The name of the limited liability company is: \_\_\_\_\_ The Florida Document number of the limited liability company is: L21000233304 SECOND: Document to be corrected is: Articles of Organization THIRD: (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: AMBR Yogesh Naidu's last name should be change to Yogesh Dhiravidamani. As well as the authorized signature. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Yogesh Dhiravidamani OR v The electronic transmission of the record was defective. Gogesh Dhiravidamani
Signature of Authorized Representative 05/24/2021 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. Bill Havre Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)