## h21 000 234 235

(Requestor's Name)					
(Address)					
(Address)					
(1331333)					
(O) (O) (O) (O)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Cartified Coning Cartificates of Change					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<del></del>					

Office Use Only



600368853376

07/01/21--01018--003 \*\*25.00



JUL 2 6 2021 C Kinsey

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Really 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:						
Proger Romo-> Name of Person  Promo-> Proger LLC  Figur/Company						
S362 Piries Polyd #400/						
Pernbrokie Pines Fl 33024 City/State and Zip Code						
E-mail address: (to be used for luture annual report notification)						
For further information concerning this matter, please call:						
Alexin Evens 1646, 554 5394						
Name of Person Area Code Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
■ \$30 Filing Fee \$\Bigcup \$30 Filing Fee & S60 Filing Fee & Certificate of Status Certified Copy Certified Copy						

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

Pursuant	t to section 605.0209, F.S., this document is being submitted to correct a previously filed docu	ıment.		
<u>first</u> :	The name of the limited liability company is: Ramon Really LLC			
SECON	The Florida Document number of the limited liability company is: <u>L21000</u>	.23	42	<u>. み</u> つ
<u>THIRD</u>	Document to be corrected is:			<del>_</del>
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEM	<u> 4ENT</u>	
U .	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:			
	Incorrect Name: hamos healty LLC			<del></del>
	Encorrect Name: hamos healty LLC Correct Name: Ramos Prajety LLC			
	Nome must have been entered in errol			<del></del>
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the as follows:	approp	riate co	orrection are
			<u>~</u> 2	
			<u> </u>	اً الـــــــــــــــــــــــــــــــــــ
			-	* 2002 * 1703 
	<u>OR</u>	•	AA	77
	The electronic transmission of the record was defective.	-17.5	<i>7: 1:</i>	**************************************
	The electronic transition of the record was defective.		<u> </u>	
	Signature of Authorized Representative Date			
_	re of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new ring the designation).	egistere	ed agen	nt must sign
I hereby provisio obligati	egistered Agent's Signature, if changing Registered Agent; by accept the appointment as registered agent and agree to act in this capacity. I further agree ons of all statutes relative to the proper and complete performance of my duties, and I am fam ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume a change in the registered office address, I hereby confirm that the limited liability company here	iliar wi ent is be	ith and eing file	accept the ed to merely
	Registered Agent's Signature			

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)