## h21000268185

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJECT: JUAREZ PAINTING & ASJEMBLY  Name of Limited Liability Company					
Dear Si	r or Madam:	·			
The end	closed Statement o	f Correction and fee(s) a	are submitted for filin	g.	
Please t	return all correspor	ndence concerning this r	matter to the following	g:	
	CARLOS	JUAKET Name of Person		_	
1		, and of the state		111 V LLC	
	- THEE	PAINTING Firm/Company	× 107 C	-	
7990 BAYMEADOWS RD E #906					
		Address			
JACKJONVIIIE FL 32256					
	Cit	y/State and Zip Code			
CAP	LWS JUARE	2 PAINTINGAND	PASSEMBLY C	Lout LOOK. GM	
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
EU	AGETH HI	RANDA	at ( 20 l	, 640 8458	
	Name of	Person	Area Code	Daytime Telephone Number	
Mailing Address:  Registration Section  Street Address:  Registration Section			Street Address: Registration Section		
	Division of Co	orporations		Division of Corporations	
	P.O. Box 632 Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:					
□\$25 I	Filing Fee 2	2 S30 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: \_\_\_ JUAREE PAINTING & ASSETSLY LIC The Florida Document number of the limited liability company is: L 21000 268 185 SECOND: Document to be corrected is: TITLE nak : CARLOL WITH S INSTEAD OF Z THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APP<u>LICABLE STATEMENT</u> Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: WRONG ENTERED TITLE 3ma4 UΑJ ヨ杆 SPELLING THE (OKRECT OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 16/2021 Signature of Authorized Representative 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)