

h21000279304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

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2021  
K. 112

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Crypt Sis Pod 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:

Sharon Dubois  
Name of Person

Crypt Sis Pod LLC  
Firm/Company

3785 Laurens Ave  
Address

Grant Valkaria, FL 32950  
City/State and Zip Code

sharon.dubois0102@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Dubois at (321) 604-1208  
Name of Person 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

**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: Crypt Sis Pod LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000279304

**THIRD:** Document to be corrected is: name + EIN

**(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:

Transposition error or spelling of first name  
current: Kiera  
correct: Keira

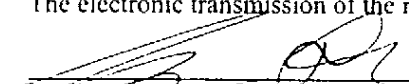
OR Please add EIN: 87-1222214

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.

 \_\_\_\_\_ 8-5-2021  
Signature of Authorized Representative Date

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: NA

*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.*

 \_\_\_\_\_ 00PS  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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2021 AUG -9 AM 9:23  
STATE OF FLORIDA  
TALLAHASSEE, FL