

L21 000 315 706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

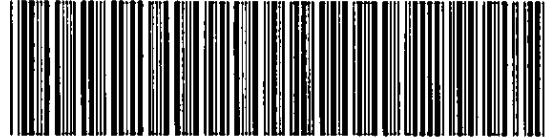
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
08/30

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07/21/21--01019--017 **25.00

2021 AUG 30 PM 1:03

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RECEIVED

2021 AUG 30 PM 2:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2021

CHRISTIAN E. LEIROS
3362 S.W. 28TH TERRACE
MIAMI, FL 33133

SUBJECT: LIPICAN MMXXI LLC
Ref. Number: L21000315706

We have received your document for LIPICAN MMXXI 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):

In order to change the effective date of your entity, you have to file an Articles of Correction. Attached is the correct form with instructions for your convenience.

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.

Summer Chatham
OPS

Letter Number: 521A00018508

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIPICAN MM XXI 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:

CRISTIAN E. LEIROS

Name of Person

LIPICAN PAYMENTS LLC.

Firm/Company

3362 SW 28TH TER

Address

MIAMI, FL 33133.

City/State and Zip Code

CEO@LEIROS CONSULTING.COM

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

For further information concerning this matter, please call:

CRISTIAN LEIROS

Name of Person

at (305) 766-2002.

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: LIPICAN MMXXI LLC

SECOND: The Florida Document number of the limited liability company is: L21000315706

THIRD: Document to be corrected is: Articles of Organization

(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 effective date should be 07/09/2021

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.

Christian Jura 8/13/24

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:

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)