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COVER LETTER

TO: Registration S Division of C			•
Bobmote			
SUBJECT:	}	Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statemen	nt of Correction and fee(s) a	re submitted for filing	g.
Please return all corre	spondence concerning this n	natter to the following	g:
Justin Paul			
	Name of Person		_
	Firm/Company		-
194 Umbrella Place			_
	Address		
Jupiter, FL			
	City/State and Zip Code		
jlou.paul@gmail.com			
E-mail address: (to be used for future annual	report notification)	-
For further informatio	n concerning this matter, ple	ease call:	
Justin Paul		772 at (370-6253
Nam	e of Person	Area Code	Daytime Telephone Number
P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or 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: $\frac{1.21000320158}{1.21000320158}$ SECOND: Document to be corrected is:_____ 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: The mangers name needs to be corrected. It currently says C. Robert Quint however the correct name needs to state Carl R. Quint Thank you $\underline{\mathbf{OR}}$ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are 囝 as follows: OR Ø The electronic transmission of the record was defective. 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

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: