

121000326095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

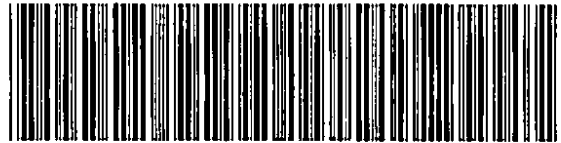
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 13 AM 7:26

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TALLAHASSEE, FL

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SEP 02 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2021

EGLIS V DURAN VELASQUEZ
1780 FULFILLMENT DR
KISSIMMEE, FL 34744

SUBJECT: DREAMS TRANSPOTATION SERVICES LLC
Ref. Number: L21000326095

We have received your document for DREAMS TRANSPOTATION SERVICES 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 821A00019701

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TALLAHASSEE, FL

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**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: DREAMS TRANSPOTATION SERVICES, LLC

SECOND: The Florida Document number of the limited liability company is: L21000326095

THIRD: Document to be corrected is: COMPANY NAME ERROR

(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:

Error in the name of the Company, a letter is missing from the word (TRANSPOTATION)

Correct company name: DREAMS TRANSPORTATION SERVICES LLC

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.

Eglis Durán 07/30/2021
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:

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.

-x Eglis Durán
Registered Agent's Signature

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