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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phone	e #1	
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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Certified Copies	Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

SUBJECT: GAYLE'S Plumbing F	ixture u	rstallat	ion & mire	LLC
	Name of Limit	ed Liability	Company	
Dear Sir or Madam				
The enclosed Statement of Correction and fee(s) a	ire submitted :	for filing.		
Please return all correspondence concerning this r	natter to the fe	ollowing		
Keyonie GAYLE Name of Person				
Name of Person				
GAYLES Plumbing Fixture in	nstullatu	on force	uc	
FilmeCompany				
7336 NW 75th Street	·			
Address				
Tomarac FL 3332/				
City/State and Zip Code				
Keyoni e gayle @ yakiz	. Com			
n-man address/to be used for tulthe annua	гтерон понне	аиопп		
For further information concerning this matter, pl	ease call			
Keyerie Goyli Name of Person	at 1_95	^د د اا	865 - 232	7
Name of Person	- Au	ra Code	Daytime Telepho	one Number

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Enclosed is a check for the following amount: \$60. Filing Fee, Certificate of Sector & Certified cont

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FILED

2021 OCT 12 AH 10: 22

SECRETARY OF STATE TALLAHASSES, FL

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 previou	isly filed document
FIRST T	ne name of the limited liability company is GAYLE'S PLUMBING	FIXTURE
	INSTALLATIONS & MORE LLC	
SECOND	· ' · · · · · · · · · · · · · · · · · ·	
THIRD.	Document to be corrected is AYACLES OF OWN	113014100
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPL	ACABLE STATEMENT
	ontains an incorrect statement. The incorrect statement, the reason the statement are as follows.	ent is incorrect, and the corrected
	KEYOIE, Incorrect Spelling KEYONIE	GAYLE
_/.	KEYONE, Incorrect Spelling, KEYONIE KEYONIA, Incorrect Spelling "KEYONIE	GAYLE
<u>O</u> !	R	
√ w as	as defectively signed. The manner in which the document was defectively sig	ined and the appropriate correction are
	KEYONIA, KEYONIE GAYLE	
<u>O</u>	3	
	e electronic transmission of the record was defective	
	Layle	10-04-2021
	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

Thereby 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. Thereby confirm that the limited liability company has been nonfied in writing of this change.