Note: Please print this page and use it as a core sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000021555 3)))



H220000215553ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

36

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

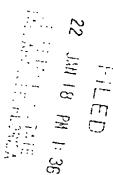
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

Corp@ Snyder law pa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NPSN SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	I
Page Count	03
Estimated Charge	\$55.00



T. LEMIEUX

JAN 19 2022

## COVER LETTER

TO: Registration Division of	on Section of Corporations		·	(((H22000021555 3)))
CHINICOT	N SOLUTIONS, LLC			
5010EC1		Name of Limited Liab	ility Company	<del></del>
Dear Sir or Madam	1:			
The enclosed State	ment of Correction and fee(s) a	are submitted for filing	<u>2</u> .	
Please return all co	orrespondence concerning this r	natter to the following	<b>5.</b>	
Shawn C. Snyder,	Esq.			
	Name of Person		=	
Snyder & Snyder,	P.A.			
	Firm/Company		-	
7931 Orange Driv	ve			
	Address		-	
Davie, Florida 333	328			·
	City/State and Zip Code		_	
corp@snyderlawp	a.com			
E-mail addre	ss: (to be used for future annua	report notification)	-	
For further informa	ation concerning this matter, pl	ease call:		
Brittany Kennedy		954 at (	475-1139 ext 207	
```	Name of Person	Area Code	Daytime Telephone Numb	er er
Division P.O. Bo	ition Section 1 of Corporations		Street Address: Registration Section Division of Corporation: The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee
Enclosed is a chec	ck for the following amount:			
□\$25 Filing Fec	☐ \$30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	(((H22000021555 3)))
CR2E062 (9/15)				

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN((H22000021555 3)))

	nt to section 605.0209, F.S., this document is being submit			
FIRST	: The name of the limited liability company is: NPSN SOL	UTIONS, LLC		
<u>SECO</u>	Articles of Organiz			
<u>THI</u> R				
,	(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT		
Ø	Contains an incorrect statement. The incorrect statement statement are as follows:	t, the reason the statement is incorrect, and the corrected		
	Please see attached Exhibit "A".			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:			
	OR /			
0	The electronic transfinition of the record was defective.	1/10/22		
	Managere of Authorized Representative	Date		
	ure of new registered agent, if applicable :( NOTE: if correing the designation).	ecting the registered agent, the new registered agent must sign		
I herei provis obliga reflect	tions of my position as registered agent as provided for in	t: o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely on that the limited liability company has been notified in writing		
	Registered Ap	gent's Signature		
	Filing Fee: Certified Copy:	\$25.00 (((H22000021555 3))) \$30.00 (optional)		

Exhibit "A" to Statement of Correction for NPSN Solutions, LLC Document No.: L21000365477 (((H220000215553)))

*Incorrect statement*: The Company's Articles of Organization reflect a scrivener's error in the name of one of the Managers'.

Reason: The Articles of Organization reflect a scrivener's error in the name of one of the Managers'.

**Correct statement**: The name of Manager, David Reckless should be corrected on the Articles of Organization to reflect the correct spelling of his name which is **DAVID RECKLES**.