121000370329

(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	istration Sec ision of Cor		i			
SUBJECT:	SndLegal,	LLC		·		
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	l Statement (of Correction and fee(s) a	are submitted for filing	g.		
Please return	all correspo	ondence concerning this r	natter to the following	g:		
Michael Fro	st					
•		Name of Person		-		
SndLegal, L	LC					
		Firm/Company		-		
1025 Techno	ology Parkw	ay, Suite J				
		Address		-		
Cedar Falls,	IA 50613					
	C	ity/State and Zip Code		-		
mfrost@mai	nlaw.com					
E-mail	address: (to	be used for future annual	report notification)	-		
For further in	nformation c	concerning this matter, ple	ease call:			
Michael Frost 319			883-0306			
	Name c	of Person	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		

CR2E062 (9/15)

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: L21000370329 SECOND: Document to be corrected is:_ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \square Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Name entered incorrectly as SendLegal, LLC Correct Name is SndLegal, LLC <u>OR</u> 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. ignature of Authorized Representative 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:

Certified Copy:

\$25.00

\$30.00 (optional)