K21 CCC 392269

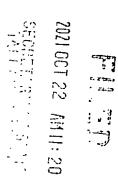
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2021 OCT 22 AM 8: 05

Division of Corporations

October 5, 2021

ALEX ALVAREZ 16021 NW 87 CT MIAMI LAKES, FL 33018

SUBJECT: SENTINEL GLOBAL SOLUTIONS LLC

Ref. Number: L21000392269

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Letter Number: 721A00024187

Querida R Silas Regulatory Specialist II

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COVER LETTER

| | gistration rision of (| Section Corporations | | | | |
|-------------------|---------------------------|--|--------------------------------------|--|--|--|
| SUBJECT: | | Sentinel Global Solutions LLC | | | | |
| | | Name of Limited Liability Company | | | | |
| Dear Sir or M | Madam: | | | | | |
| The enclosed | d Stateme | nt of Correction and fee(s) | are submitted for filir | ıg. | | |
| Please return | all corre | spondence concerning this | matter to the followir | ng: | | |
| Alex Alvarez | z | | | | | |
| | | Name of Person | | _ | | |
| Sentinel Glo | bal Solut | ions LLC | | | | |
| | | Firm/Company | | _ | | |
| 16021 NW 8 | 37 CT | | | | | |
| | | Address | | _ | | |
| Miami Lakes | s, FL 330 | 18 | | | | |
| | | City/State and Zip Code | | _ | | |
| alex@senting | elglobalse | olutions.com | | | | |
| E-mail: | address: (| to be used for future annua | l report notification) | _ | | |
| For further in | ıformatio | n concerning this matter, pl | ease call: | | | |
| Alex Alvarez | z. | | 305 | 833-3622 | | |
| | Nam | e of Person | at (Area Code | Daytime Telephone Number | | |
| Reg Div P.O | rision of Box 6: | n Section Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303 | | |
| Enclosed is a | check fo | or the following amount: | | | | |
| ■\$25 Filing l | 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 2021 007 22 AM 11: 20 | | | | |
| | nt 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: SENTINEL GLOBAL SOLUTIONS LLC SECRET, RV OF STATE | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| SECO | ND: The Florida Document number of the limited liability company is: | | | | |
| THIRI | $121000392269 = \Lambda $ | | | | |
| | (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: | | | | |
| | INCORRECT STATEMENT: JORGIE BERMUDEZ | | | | |
| | REASON: TYPING ERROR, MISSPELLED | | | | |
| | CORRECTED STATEMENT: JORGE BERMUDEZ | | | | |
| | OR | | | | |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: | | | | |
| | <u>OR</u> | | | | |
| | The electronic transmission of the record was defective. | | | | |
| | Signature of Authorized Representative Date | | | | |
| | re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign agent the designation). | | | | |
| I hereby provisio obligati | registered Agent's Signature, if changing Registered Agent: vaccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the constof my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing thange. Registered specific Signature | | | | |
| Filing Fee: \$25.00 | | | | | |
| | Certified Copy: \$30.00 (optional) | | | | |