

(Reque	estor's Name)	<u> </u>
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	СТ:	Hippie Dude	PADUCTION Vanue of Limited Liab	Collity Company
Dear Sir	r or Madam:			
The enc	losed Statement	of Correction and fee(s) a	re submitted for filing	g.
Please r	eturn all corresp	condence concerning this r	natter to the following	g:
618	Tippie D O MEDIO SARA	M. WHITE Name of Person WIPE PRODUCTION Firm/Company CI CT. # 205 Address Address TOTA FL 342 City/State and Zip Code deprod@gmagobe used for fatture annual	43	-
	imothy	concerning this matter, ple WHITE of Person) 806.8800 Daytime Telephone Number
	Mailing Addn Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27		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 F	iling Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	M \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
<u>FIRST</u>	T: The name of the limited liability company is: HiPPIE DUDE PROMITIONS
SECO	
THIR	D: Document to be corrected is: ARTICLE 1, the Name
,	(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:
	Name is posted as Hippe Dude Productions, LLC
	It needs to be changed to "Hippie Dude Productions, LLC"
	OR 2021
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	as follows:
	TTC: 22
	<u>OR</u>
	The electronic transferssion of the record was defective.
	9/27/21
	Signature of Authorized Representative Date
	are of new registered agent, if applicable :(NOTE; if correcting the registered agent, the new registered agent must sign ng the designation).
New R	egistered Agent's Signature, if changing Registered Agent:
provisi obligat	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the tions of 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 bereby confirm that the limited liability company has been notified in writing
	change.
	Registered Agent's Signature
	Filing Fee: \$25.00
	Certified Copy: \$30.00 (optional)