

121 000424802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

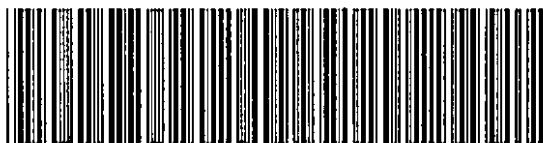
(Document Number)

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Special Instructions to Filing Officer:

Q. SILAS  
OCT 25 2021

Office Use Only



500374361725

RECEIVED

OCT 04 2021

10/05/21--01004--001 \*\*25.00

FILED  
2021 OCT 25 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 25 AM 11:10

October 13, 2021

DAVID P. CARLTON, ESQ  
PO BOX 431411  
SOUTH MIAMI, FL 33243

SUBJECT: SOD LIFE SERVICES, LLC  
Ref. Number: L21000424802

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):

The document submitted cannot be filed to make changes to the effective date. Please file Articles of Correction (form enclosed).

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 021A00024900

10.18.21

MS. SILAS:

Pls see completed Articles of Correction  
attached.

Thanks,  
J. Carlton

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOD LIFE SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David P. Carlton, Esq.

Name of Person

Carlton Law Firm, PA.

Firm/Company

P.O. Box 431411

Address

South Miami, FL 33243

City/State and Zip Code

Dpc@carltonslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David P. Carlton, Esq.

Name of Person

at (

863

Area Code

990-1571

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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document on 2021 OCT 25 PM 1:31

**FIRST:** The name of the limited liability company is: SOD LIFE SERVICES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L2100042482

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

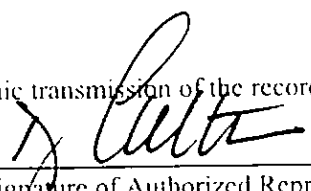
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
- The effective date was erroneously listed as November 1, 2021.
- The corrected effective date should be September 29, 2021.

**OR**

- ☐ 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.

  
Signature of Authorized Representative

10.18.2021  
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:**

*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: \$25.00  
Certified Copy: \$30.00 (optional)