

L21000426293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

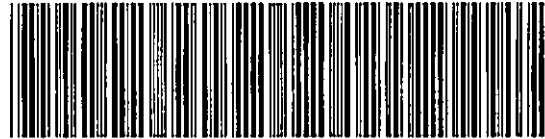
Special Instructions to Filing Officer

Q. SILAS

OCT 27 2021

10/21/21
10/27/21

Office Use Only



100374737321

100374737321
10/22/21--01025--005 **60.00

FILED
2021 OCT 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

MACH 1 INTERIORS LLC

SUBJECT: _____
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:

Christina Henley

Name of Person

MACH 1 INTERIORS LLC

Firm/Company

901 NE 10TH STREET SUITE 5

Address

POMPANO BEACH FL 33060

City/State and Zip Code

christinaLhenley@gmail.com

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

For further information concerning this matter, please call:

Christina Henley

954

290-2772

Name of Person at (_____) _____
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

**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
MACH1 INTERIORS LLC

2021 OCT 21 PM 12:37

FIRST: The name of the limited liability company is: _____
SECRETARY OF STATE
TALLAHASSEE, FL

1.21000426293

SECOND: The Florida Document number of the limited liability company is: _____
Articles of Organization

THIRD: Document to be corrected is: _____

(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:

B "nad" T Resources LLC, scrivener's error, B "AND" T Resources LLC

Mach1 Interiors LLC, scrivener's error, Mach 1 Interiors LLC (with a space between "mach " and "1")

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.

10/19/2021

Signature of Authorized Representative

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)