

L21000 428813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

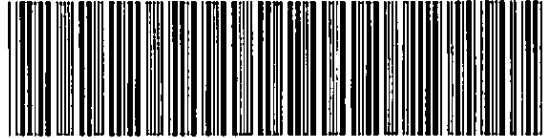
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 FEB 24 PM 1:06  
CLERK OF STATE  
TALLAHASSEE, FL

Stnt Corr.

FEB 24 2022  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Machetplace 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:

BEN Karim

Name of Person

Machetplace LLC

Firm/Company

20000 Heathstone Way UNIT 3

Address

Estero FL 33928

City/State and Zip Code

BKarim90@gmail.com

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

For further information concerning this matter, please call:

BEN Karim

Name of Person

at (413)

Area Code

636-7306

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)

\* I already  
paid a check  
for \$35 and  
it was cash



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2022

BEN KARIM  
20000 HEATHERSTONE WAY  
UNIT #3  
ESTERO, FL 33928

SUBJECT: MACKETPLACE LLC  
Ref. Number: L21000428813

We have received your document and check(s) totaling \$35.00. 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.

The type of document you're correcting is Articles of Organization. Please correct the third part of the form and sign the document in the space provided.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 322A00003651

RECEIVED

2022 FEB 24 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 11 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FL

February 2, 2022

BEN KARIM  
20000 HEATHERSTONE WAY  
UNIT #3  
ESTERO, FL 33928

SUBJECT: MACKETPLACE LLC  
Ref. Number: L21000428813

We have received your document for MACKETPLACE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 222A00002664

**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: Marketplace LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000428813

**THIRD:** Document to be corrected is: Articles of Organization (the name spelling)  
**(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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

CHANGE/FTX NAME SPELLING

Change Alexis Davalos to Alexis DAVALOS

**OR** (Incorrect last name spelling)

- ☐ The electronic transmission of the record was defective.

Gen Karim  
Signature of Authorized Representative

2/20/22  
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)

← Check already was cashed