LZICCO 436287

(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:					

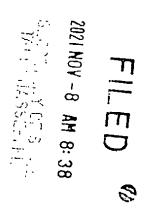
Office Use Only



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C. BRUMBLEY

COVER LETTER

Division of	Corporations					
() - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	lattson Group, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	ត.			
Please return all corr	espondence concerning this i	matter to the following	g:			
Joseph L. Lindsay						
	Name of Person		- 3 : 11:53			
Lindsay & Allen, LLC			202115" -8 ::11:53			
	Firm/Company		-			
13180 Livingston Ro	oad, Suite 206					
	Address		_			
Naples, Fl 34109						
	City/State and Zip Code		_			
Joe@Naples.Law						
E-mail address	(to be used for future annua	I report notification)	.			
For further informati	on concerning this matter, pl	ease call:				
Joseph L Lindsay, E	sq.	239 at (593-7900			
Na	nie of Person	Area Code	Daytime Telephone Number			
Division of P.O. Box	on Section of Corporations		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)

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

	name of the limited liability company is: The Mattse	, ,	document.
		12100041240	
SECOND:	The Florida Document number of the limited liab		
THIRD:	Document to be corrected is: Articles of Organiza	tion	
	(CHECK THE APPROPRIATE BOX AND COM		STATEMENT
	atains an incorrect statement. The incorrect statement, ement are as follows:	the reason the statement is inco	orrect, and the corrected
Inco	orrect Statement - Incorrect Name for Manager Larry L.	Mattson	DZI N
Rea	son: Name should be Lawrence R. Mattson		8 - A0
Cor	ect Statement - The first MGR name is Lawrence R. Mat	itson	8 IT
OR			D
□ Was	s defectively signed. The manner in which the docum ollows:	ent was defectively signed and	; cm
_			
OR			
□ The	electronic transmission of the record was defective.	1.2	11/2/21
	Signature of Authorized Representative	Dat	le
	new registered agent, if applicable :(NOTE: if correct designation).	I ting the registered agent, the ne	w registered agent must sign
I hereby acc provisions o obligations (ered Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to a fall statutes relative to the proper and complete perform my position as registered agent as provided for in Conge in the registered office address, I hereby confirm the registered office address.	act in this capacity. I further ag rmance of my duties, and I am J Thapter 605, F.S. Or, if this doci	familiar with and accept the ument is being filed to merely
	Registered Ago	ent's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	