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2022 MAR 28 AM 9: 31 SECRETATION OF STATE

of 4/13/2022

COVER LETTER

	ration Section on of Corpora								
	he Alfonso C	Group Realty L.I.C							
SUBJECT:	Name of Limited Liability Company								
Dear Sir or Mad	lam:								
The enclosed St	atement of C	orrection and fee(s) a	re submitted for filing	2.					
Please return all	corresponde	nce concerning this n	natter to the following	<u>z</u> :					
Anthony Alfons	80								
	N	ame of Person		-					
The Alfonso Gr	oup Realty								
	F	rm/Company		-					
6203 Bay Club	Drive Apt 1								
		Address		-					
Fort Lauderdale	: Florida 333	OR .							
 	City/S	tate and Zip Code		-					
admin@thealfor	nsogroupreal	ty.com							
E-mail add	dress: (to be	used for future annual	report notification)	-					
For further infor	rmation conc	erning this matter, ple	case call:						
Anthony Alfons	so		941	928-4744					
	Name of Pe	rson	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 cl	heck for the	following amount:							
■\$ 25 Filing Fe		\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy					

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



FIRST	nt to so _: The r	ection 605.0209, F.S., this document is being submitted to correct a previously name of the limited liability company is: The Alfonso Group Realty LLC	SECRE I TALLAHAS	AM 9:31
SECO THIR		The Florida Document number of the limited liability company is:		
- 11113	_	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICA	ABLE STATEMENT	
M	Cont	ains an incorrect statement. The incorrect statement, the reason the statement ment are as follows:		
	INCO	ORRECT: The current effective date of 12/31/21 is INCORRECT		
	COR	RECT: It should be changed to 1/1/22 to be CORRECT		
	<u>OR</u>			
2		defectively signed. The manner in which the document was defectively signed llows:	d and the appropriate c	orrection are
				
0	OR The	electronic transmission of the record was defective.		
		3/22	22	
New R I hereb provisi obligat	egister ov acce ons of tions of	Signature of Authorized Representative new registered agent, if applicable: (NOTE: if correcting the registered agent, designation). red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to act in this capacity. I furth all statutes relative to the proper and complete performance of my duties, and my position as registered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited liability confirms that the limited liability liability confirms the limited liability confirms that the limited liability liability liability liability	ner agree to comply wi I am familiar with and is document is being fil	th the l accept the led to merely

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)