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COVER LETTER

TO: Registration : Division of C			•
	SDI ENTERPRISE LLC		
SUBJECT:		Jame of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for filing	<u>.</u> .
Please return all corre	spondence concerning this n	natter to the following	g:
ALVEIRO VALENC	IA		
	Name of Person		-
	Firm/Company		-
			_
2541 ARAGON BLV	Address TD APT 207 SUNRISE.Ft. 3	3322	
	City/State and Zip Code	<u> </u>	-
alveiro13@comcast.n	et		
E-mail address:	(to be used for future annual	report notification)	-
For further informatio	on concerning this matter, ple	ease call:	
ALVEIRO VALENC	TA .	786 at (443-3269
Nan	ne of Person	Area Code	Daytime Telephone Number
P.O. Box 6	on Section f 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 t	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

Pursuan	to section 605.0209, F.S., this document is being submitted to correct a previously filed. The name of the limited liability company is: ADMOSDI ENTERPRISE LLC	dezwareni ZUZZ FEB 22	AM 8: 59
FIRST:	The name of the limited fiability company is:	SECRETARY TALLAHAS	OF STATE SEF. FI
SECO?	The Florida Document number of the limited liability company is: 1.2200004211		
<u>THIRD</u>	Document to be corrected is: ADMOSDI ENTERPRISE LLC		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE	<u>STATEMENT</u>	
0	Contains an incorrect statement. The incorrect statement, the reason the statement is incostatement are as follows:	orrect, and the cor	rected
	ADMOSDI ENTERPRISE LLC (INCORRECT)		
	ATMOSDI ENTERPRISE LLC (CORRECT)		
⊘	Was defectively signed. The manner in which the document was defectively signed and as follows:	the appropriate co	orrection are
	<u>OR</u>		
2	The electronic transmission of the record was defective.	YOYY	
	JOSE MIGUEL PATAQUIVA $V/7/$	YOYY	
	Signature of Authorized Representative Da	te	
	are of new registered agent, if applicable :(NOTE: if correcting the registered agent, the noing the designation).	ew registered agei	nt must sign
Thereby provision	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agons of all statutes relative to the proper and complete performance of my duties, and I amions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docachange in the registered office address, I hereby confirm that the limited liability compachange.	familiar with and ument is being fil	accept the ed to merely
	Registered Agent's Signature		

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)