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2022 HAR 21 PH 3: 52 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations HARVEY AND SMITH 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: Kirk Harvey Name of Person HARVEY AND SMITH ENTERPRISES LLC Firm/Company 7901 4TH ST N, STE 6037 Address ST. PETERSBURG, FL 33702 City/State and Zip Code kacih46d@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIRK HARVEY 305 725-6808 Daytime Telephone Number Name of Person Area Code Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■\$25 Filing Fee **■** \$30 Filing Fee & □\$55 Filing Fee & ☐ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

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STATEMENT OF CORRECTION

FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previo	2022 MAR 21 PM 3: 52 ously filed document.		
FIRS'	<u>F</u> : The 1	name of the limited liability company is:	SECRETARY OF STATE TALLAHASSEE, FL		
SECC	OND:	The Florida Document number of the limited liability company is:	2000058018		
THIR		COMPANY NAME AND ADDRESS Document to be corrected is:	ricles of Orphismo		
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APP	PLICABLE STATEMENT		
⊡	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name HARVEY AND SMITH LLC is incorrect, the correct name is HARVEY AND SMITH ENTERPRISES LLC.				
	The company's address is listed as 7901 4th St. N. Ste 300 , St. Petersburg, FL 33702.				
	The correct address is 7901 4th St N, Ste 6037, St. Petersburg, FL 33702				
	<u>OR</u>				
		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.	3/16/22		
		Signature of Authorized Representative	Date		
		new registered agent, if applicable :(NOTE: if correcting the registered agenation).	gent, the new registered agent must sign		
New F	Register	red Agent's Signature, if changing Registered Agent:			
Lhere provis obliga reflect	by acce ions of itions o	pt the appointment as registered agent and agree to act in this capacity, a all statutes relative to the proper and complete performance of my duties f my position as registered agent as provided for in Chapter 605, F.S. Or, age in the registered office address, I hereby confirm that the limited liabi	, and I am familiar with and accept the if this document is being filed to merely		

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)