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COVER LETTER

•		
TO: Registration Section Division of Corporations		·
ZWEET AND CAKES, LLC SUBJECT:		
• •	ime of Limited Liab	pility Company
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are	submitted for filin	y.
Please return all correspondence concerning this ma	itter to the following	g:
ZUANIA SANTOS REYES		
Name of Person		_
Firm/Company		-
10022 IVES LOOP		
Address		-
HUDSON, FL 34667		
City/State and Zip Code		-
ZUANYARI@YAHOO.COM		
E-mail address: (to be used for future annual r	eport notification)	_
For further information concerning this matter, plea	se call:	
ZUANIA SANTOS	813 at (297-3993
Name of Person	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

□\$55 Filing Fee &

Certified Copy

□ \$60 Filing Fee,

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Enclosed is a check for the following amount:

■ \$30 Filing Fee &

Certificate of Status

□\$25 Filing Fee

STATEMENT OF CORRECTION FOR

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2022 MAY 26 PM 1: 23

	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document	
<u>FIRȘT</u>	: The name of the limited liability company is:	SECALTARY D TALLAHASS
SECO		
THIRE	Document to be corrected is: LLC NAME	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	<u>TEMENT</u>
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, a statement are as follows:	and the corrected
	THE NAME SHOULD INCLUDE AN (S) AND THE END OF ZWEET(S)	
	CORRECT NAME OF THE LLC IS ZWEETS AND CAKES, LLC.	
Ø	Was defectively signed. The manner in which the document was defectively signed and the app as follows:	ropriate correction are
2	The electronic transmission of the record was defective. Sinula To Factoria 5/10/1	20
	Signature of Authorized Representative Date	<u>- 2</u>
Signatur acceptin	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registing the designation).	tered agent must sign
I hereby provisio obligation	egistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to come of all statutes relative to the proper and complete performance of my duties, and I am familiar ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a change in the registered office address, I hereby confirm that the limited liability company has be hange. Registered Agent's Signature	r with and accept the s being filed to merely

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)