K2200009698

(Requestor's Name)
(Address)
(Address)
(Moutess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
MAY 1 U 2022

Office Use Only



600385127236

04/08/22-+01014--010 **25.00

COVER LETTER

	Registration S Division of C			
SUBJEC		R CENTER LLC		
SUBJEC	-1· <u> </u>	?	Same of Limited Liab	oility Company
Dear Sir	or Madam:			
The encl	osed Statemer	nt of Correction and fee(s) a	re submitted for filin	g.
Please re	turn all corres	pondence concerning this n	natter to the following	g:
ALEX N	IOVOA			
		Name of Person		-
PIONEI	ER CENTER I	LC		
		Firm/Company		-
10720 W	/. FLAGLER	ST., SUITE 17		
		Address		-
SWEET	WATER, FL	33174		
		City/State and Zip Code		_
ALEX@	NOCAGROU	JP.COM		
E-1	nail address: (to be used for future annual	report notification)	-
For furth	ier information	n concerning this matter, ple	ense call:	
ALEX N	NOVOA		786 at (256-0386
	Nam	e of Person	Area Code	Daytime Telephone Number
	P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	d is a check fe	or the following amount:		
■\$ 25 Fi	iling 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 FLED

OND:	The Florida Document number of the limited liability	L22000096888
OND:		
RD:	Document to be corrected is: ARTICLES OF ORGANI	27(1)3.
	(CHECK THE APPROPRIATE BOX AND COMPL	ETE THE APPLICABLE STATEMENT
	ains an incorrect statement. The incorrect statement, the ment are as follows:	eason the statement is incorrect, and the corrected
Artic	le II: Incorrect Street address: Flager, incorrect spelling, Cor	rect is: Flagler
Artic	le II: Incorrect Mailing Address, reason: oversight, Correcte	d: PO Box 431521, Miami, FL 33243-1521
Artic	le IV: Incorrect Name: Maquesa, incorrect spelling, Correct	is: Marquesa
OR		
	defectively signed. The manner in which the document w	ras defectively signed and the appropriate correction
Was	defectively signed. The manner in which the document v llows:	ras defectively signed and the appropriate correction
Was as fol	, ,	ras defectively signed and the appropriate correction
Was as fol	electronic/transmission of the record was defective.	ras defectively signed and the appropriate correction
Was as follows: OR The controls	llows:	Date
Was as follows: OR The continue of reconstructions are selected as follows:	electronic transmission of the record was defective. Signature of Authorized Representative	Date

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)