_
r)
MAIL
)
f Status

Office Use Only



200382204382

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQU	EST	DATE	3/25	/2022
ADDE	D EN	TTTV	- 1	

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 1021706

ORDER ENTITY 224 WIREWORKS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: 224 WIREWORKS, LLC (FL)	
File the attached amendment	
NOTES:	
\$25.00 Authorized	
Email address for annual report reminders: dentalimplant2401@gmail.com	
RETURN/FORWARDING INSTRUCTIONS:ACCOUNT NUMBER: I20050000052	

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 25, 2022 Page 1 of 1



FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 28, 2022

INCSERV

SUBJECT: 224 WIREWORKS, LLC

Ref. Number: L22000109770

of cuse hence the land submission date land submiss

We have received your document for 224 WIREWORKS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 322A00007168

Please hone; the existence to the existence of the tite date thanks? :)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

ND:	The Florida Document number of the limited liability compar	bility company is 1.22000109770	
	Document to be corrected is: ARTICLES OF ORGANIZATIO		
2:			
	(CHECK THE APPROPRIATE BOX AND COMPLETE T		
	ntains an incorrect statement. The incorrect statement, the reason tement are as follows:	he statement is incorrect, and the corr	
	ective date should be 3-20-2022		
		_	
<u>OR</u>			
Was	s defectively signed. The manner in which the document was defe	ctively signed and the appropriate co	
	ollows:	: 2	
		<u></u>	
		· · · · · · · · · · · · · · · · · · ·	
<u>OR</u>			
	electronic transmission of the record was defective.		
	Chectronic transmission of the record was defective.	3.28.55 3.58.55	
The	electronic transmission of the record was defective. Signature of Authorized Representative	3·28·5≥ St. Date	
The	electronic transmission of the record was defective. Signature of Authorized Representative new registered agent, if applicable (NOTE: if correcting the regis	24.0	
The	Signature of Authorized Representative new registered agent, if applicable (NOTE: if correcting the registered).	stered agent, the new registered ager	
The pre of the register	Signature of Authorized Representative new registered agent, if applicable (NOTE: if correcting the registered Agent's Signature, if changing Registered Agent:	stered agent, the new registered ager	
The ure of ng the egister	Signature of Authorized Representative new registered agent, if applicable (NOTE if correcting the registered Agent's Signature, if changing Registered Agent: tept the appointment as registered agent and agree to act in this care	stered agent, the new registered ager spacety. I further agree to comply with and	
The tree of any acceptance of the course of	Signature of Authorized Representative new registered agent, if applicable (NOTE if correcting the registered agent, if changing Registered Agent: edesignation). red Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act in this collaboration as registered agent and agree to act in this collaboration as registered agent and complete performance of all stantages relative to the proper and complete performance of all stantages relative to the proper and complete performance of the properties of the registered affice address. I hereby confirm that the limit	stered agent, the new registered ager spacety. I further agree to comply with y duties, and I am fundiar with and ES. On if this document is being fil	
The re of any of chars of any of char	Signature of Authorized Representative new registered agent, if applicable (NOTE if correcting the registered agent, if changing Registered Agent: edesignation). red Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act in this collaboration as registered agent and agree to act in this collaboration as registered agent and complete performance of all stantages relative to the proper and complete performance of all stantages relative to the proper and complete performance of the properties of the registered affice address. I hereby confirm that the limit	stered agent, the new registered ager ipacity. I further agree to comply wit ny duties, and I am fundiar with and E.S. Or, if this document is being fill ted liability company has been notifi	