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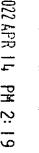
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J 5/23/2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LLC	name	MISSOCILE Name of Limited Liab	cility Company	
Dear Sir or Madam:				
The enclosed Statement of C	orrection and fee(s) a	re submitted for filing	g.	
Please return all corresponde	nce concerning this n	natter to the following	g:	
10353	SW 20	Home Ye		
Y) [Un]	1 FL tate and Zip Code	33189	-	
	rewehom		,	
For further information conce	urke		245-6500 Daytime Telephone Number	
Mailing Address: Registration Section of Corp P.O. Box 6327 Tallahassee, FL	oorations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:				
	\$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



Pursuai	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document APR 14 PH 2: 1
<u>FIRST</u>	int to section 605.0209, F.S., this document is being submitted to correct a previously filed document APR 14 PM 2: 1 The name of the limited liability company is: Are We At Home Vet Rodeast
SECO!	
<u>THIRI</u>	De Document to be corrected is: ATTICLES OF COMPLETE THE APPLICABLE STATEMENT
d	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The company name on your file 15 Are We At Home Vet Podeast LLC" the correct name 15 Are We Home Yet Podeast LLC" (no perentheses) OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction 1 are as follows:
	<u>OR</u>
	The electronic transmission of the record was defective. Signature of Authorized Representative Date
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must s sign ng the designation).
I hereb provisi obligat reflect	egistered Agent's Signature, if changing Registered Agent; by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I um familiar with and accept the cions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to morely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.
	Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00

\$30.00 (optional)