

L22000194470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

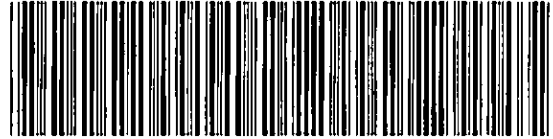
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUN 17 2022

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2022 JUN 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUN 16 PM 2:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC
P.O. BOX 10662 TALLAHASSEE, FL 32301
PHONE: (800) 435-9371

DATE: 6/16/22

NAME: CUP USA, LLC

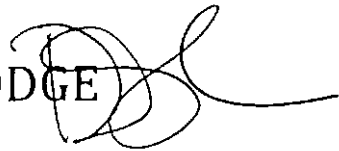
TYPE OF FILING: Articles of Correction

COST: \$25.00

RETURN: Plain Copy

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations
CUP USA, 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:

Cristian Undurraga

Name of Person

Firm/Company

1428 Brickell Ave. Unit 202

Address

Miami, FL 33131

City/State and Zip Code

cu@invexor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian Undurraga 786 669-1178

Name of Person at (_____) _____
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

Enclosed is a check for the following amount:

- ☒ \$25 Filing 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**

FILED
JUN 16 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
Cup USA, LLC

FIRST: The name of the limited liability company is: _____

L22000194470

SECOND: The Florida Document number of the limited liability company is: _____
Articles of Organization

THIRD: Document to be corrected is: _____

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Last name of the Manager should be Undurraga instead of Udurraga

OR

- ☒ 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.

<div style="border: 1px solid black; padding: 2px; display: inline-block;">DocuSigned by: <i>Cristian Undurraga</i></div>	6/15/2022
Signature of Authorized Representative	Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee:	\$25.00
Certified Copy:	\$30.00 (optional)