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TO: Registration Division of C		•	
SUBJECT: Un	n Yum Hay	Collector Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s)	are submitted for filin	g.
Please return all corre	spondence concerning this	matter to the following	g:
Eugenc	B BLHE Name of Person	2.	-
	Firm/Company	· ·- ·- ··	-
8290 0	ate parkwa	W#141-	3
Jackson	VILLE FL 3	2216	-
Yum Yum E-mail address:	Har collecte (to be used for future annual)	Magma il report notification)	Ll.cuM
Eugena	n concerning this matter, pl BHPH ac of Person) 225 6 57 6 Daytime Telephone Number
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or 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

. . . .

	t to section 605.0209. F.S., this document is being submitted to correct a previousl. The name of the limited liability company is:	•		<u> </u>	<u>L</u> C
SECON					
	Contains an incorrect statement. The incorrect statement, the reason the statemen statement are as follows:				ected
	The wrong effective date was 11: July 8,2022 and I want it Changed to June 13,2022.	Steel to k	<u>a</u> re		<u> </u>
	OR Was defectively signed. The manner in which the document was defectively sign as follows:	ed and the	appropri	2022	Tection are
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	OR The electronic transmission of the record was defective.			PM 4: 00	
×	Eugener Butler	6/10	1/2:	2	
Signatur	Signature of Authorized Representative re of new registered agent, if applicable :(NOTE: if correcting the registered agent agent the designation).	Date t, the new ro	egisterec	i agent	must sign
I hereby provisio obligatio	egistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I fur ons of all statutes relative to the proper and complete performance of my duties, an ons of my position as registered agent as provided for in Chapter 605, F.S. Or. if to a change in the registered office address. I hereby confirm that the limited liability hange.	id I am fami his docume	iliar with nt is bei	h and a no filea	iccept the d to merely
	Registered Agent's Signature		-		

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