

L22000288013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

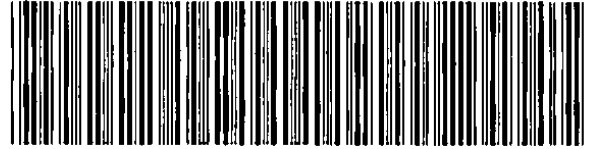
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 14 2022

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DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

2022 JUL 13 PM 3:24

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 13 AM 9:40

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CORRECTION FOR:

1. ULTRASHAPE 2 LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9316 FOR: \$100.00 (\$25.00 for this filing)

THANK YOU!

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2022 JUL 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLA.

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

FIRST: The name of the limited liability company is: ULLTRASHAPE 2 LLC
(IT SHOULD BE ONE L ONLY)

SECOND: The Florida Document number of the limited liability company is: L22000288073

THIRD: Document to be corrected is: NAME ON ARTICLES OF ORGANIZATION FOR FLORIDA LLC

(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:

INCORRECT NAME: ULLTRASHAPE 2 LLC

CORRECT NAME: ULTRASHAPE 2 LLC (ONE L ONLY)

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.

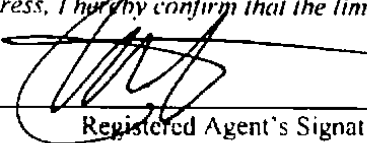
Signature of Authorized Representative

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)