

# L22000288659

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

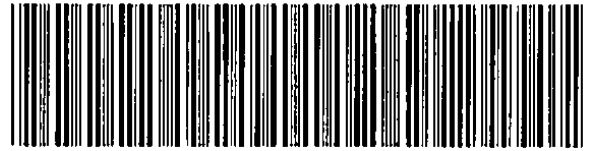
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUL 14 2022

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07/14/22 01:09:00 \*\*100.00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUL 13 PM 3:24

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL 13 AM 9:3

FILED

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CORRECTION FOR:

1. ULTRASHAPE METHOD 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 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

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

**SECOND:** The Florida Document number of the limited liability company is: L22000288659

**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 METHOD LLC  
CORRECT NAME: ULTRASHAPE METHOD LLC (ONE L ONLY)

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

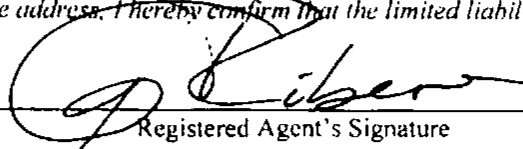
**OR**

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)