## L22000304428

(Requestor's Name)
(Address)
(Address)
(183.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(7)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	Registration Division of C			. r		
orra r		L PAGOS LLC				
SUBJI	ECT:		Name of Limited Liab	pility Company		
Dear S	ir or Madam:					
The en	closed Stateme	nt of Correction and fee(s) a	re submitted for filin	g.		
Please	return all corre	spondence concerning this r	natter to the following	g:		
Federi	co A. Briceno P	'arada				
	·	Name of Person		-		
Global	Pagos LLC					
		Firm/Company	•	-		
7901 4	th Street N STE	E 300				
		Address		-		
St. Pet	ersburg, Florida	33702				
		City/State and Zip Code		-		
asilva@	@slvconsultores	s.com				2622
E	-mail address:	(to be used for future annual	report notification)	-		<u>بين</u> نتا
						19
For fur	ther informatio	n concerning this matter, ple	ease call:		• •	, :
Federi	co A. Briceno P	arada	954	9900112		•
	Nam	ne of Person	at ( Area Code	Daytime Telephone Number	:	υı
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			
Enclos	ed is a check f	or the following amount:				
<b>■\$</b> 25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

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

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:\_\_\_\_\_ **SECOND:** The Florida Document number of the limited liability company is: Electronic Articles of Organization THIRD: Document to be corrected is: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Z Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The full name of the manager FEDERICO A BRICEñO PARADA is incorrect, because contains an spelling error. The correct full name is FEDERICO A BRICENO PARADA. OR Ø Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: The electronic signature defectively states: FEDERICO ALEJANDRO BRICE±O PARADA, and the appropriate correction is: FEDERICO ALEJANDRO BRICENO PARADA. OR  $\mathbf{Z}$ The electronic transmission of the record was defective. July 13, 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)