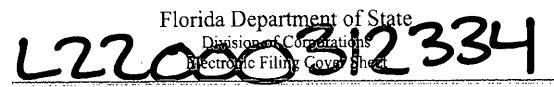
TaxPeople

7/21/22, 5:15 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000248198 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 Phone : (772)460-1000 Fax Number : (772)777-3071

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RLN COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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K. Brumbley

## COVER LETTER

TO:	Registratio Division of	n Section f Corporations	• • •		
SUBJE		COMPANY LLC			
Na			Name of Limited Liabil	ame of Limited Liability Company	
Dear S	ir or Madam	:			
The en	closed Statet	ment of Correction and fee(s) a	are submitted for filing.		
Please	return ali co:	rrespondence concerning this r	natter to the following:		
		Claudio Toledo Ribeiro			
	<del></del>	Name of Person			
		TaxPeople, LLC	•		
		· Firm/Company		· ·	
		2855 SW Brighton St			
		Address			
		Port St Lucie, FL 34953			
		City/State and Zip Code			
		info@taxpeoplefi.com			
	E-mail addre	ss: (to be used for future annu-	al report notification)		
For fu	irther inform	ation concerning this matter, p	lease call:		
Claud	lio Toledo R	ibeiro	772 at (	460-1000	
		Name of Person	Area Code	Daytime Telephone Number	
	Division P.O. Bo	ation Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Ench	osed is a che	ck for the following amount:			
<b>=</b> \$2	5 Filing Fee	S30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

(((H22000248198 3)))

## 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: RLN COMPANY LLC

L22000312334 The Florida Document number of the limited liability company is: SECOND: ARTICLES OF ORGANIZATION FOR LLC THIRD: Document to be corrected is: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT M Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE I: Name: The name of the LLC is: RUN COMPANY LLC The CORRECTED name of the Limited Liability Company is: RLDN COMPANY LLC OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

<u>OR</u> The electronic transmission of the record)was defective. 07/19/2022 Signature of Authorized Representative Date വ

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.

Regi	stered	Agent's	Signature