

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L220003153323879

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H220003153323879

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To:

Division of Corporations
 Fax Number : (350)617-6383

From:

Account Name : ITAX GROUP, LLC
 Account Number : 120140000115
 Phone : (813)882-8426
 Fax Number : (813)884-9263

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

Email Address: DANIEL RP210@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLION SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APPROVED
 AND
 FILED

2022 SEP 12 PM 3:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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SEP 13 2022

Printable

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLION SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL V DA COSTA

Name of Person

MILLION SOLUTIONS LLC

Firm/Company

9923 AZALEA BLOOM WAY APT 201

Address

RIVERVIEW / FL / 33758

City/State and Zip Code

danielrp210@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL V DA COSTA

407

516 1431

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for 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

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: MILLION SOLUTIONS LLC

SECOND: The Florida Document number of the limited liability company is: L22000328879

THIRD: Document to be corrected is: TYPO LASTNAME OF A MEMBER

(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:

I did a TYPO in the last name of one of the partners, when opening the company MILLION Solutions LLC

I entered: FLAVIA R CORREA COSTA

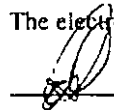
And the correct is: FLAVIA R CORREIA COSTA

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

09/15/2022

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TALLAHASSEE, FLORIDA

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)