

122 000 461 493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

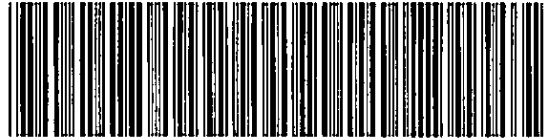
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS  
MAR 3 - 2023



600398122546

12/15/22--01014--007 \*\*55.00

FILED  
2022 DEC 15 PM 3:46  
121 S. 10th St. 3rd Fl.  
TAMPA, FL 33602

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOVE & COMPANY CPAS, 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:

KELLY LOVE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5123 KERNWOOD CT

\_\_\_\_\_  
Address

PALM HARBOR, FL 34685

\_\_\_\_\_  
City/State and Zip Code

KELLY.POTTER.LOVE@GMAIL.COM

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

For further information concerning this matter, please call:

ANDY GARCIA, ESQ.

407  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

669-4214

\_\_\_\_\_  
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

**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: LOVE & COMPANY CPAS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000461493

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(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:

TITLE DESIGNATION AS "AMBR" FOR KELLY LOVE IN ARTICLE IV THEREOF.

DUE TO OVERSIGHT KELLY LOVE WAS DESIGNATED "AMBR" OR AUTHORIZED MEMBER.

THE CORRECT TITLE DESIGNATION FOR KELLY LOVE IS "MGR" OR MANAGER.

**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.

Kelly Love  
Signature of Authorized Representative

12/9/2022  
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)**