(Requestor's Name)							
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COVER LETTER

~	istration Se sion of Cor			
	sohl enterp			
SUBJECT		1	Name of Limited Liab	oility Company
Dear Sir or M	fadam:			
The enclosed	Statement	of Correction and fee(s) a	re submitted for filin	g.
Please return	all corresp	ondence concerning this r	natter to the following	g:
wendy sohl				
	·	Name of Person		_
sohl enterpris	ses llc			
<u></u>		Firm/Company	U-1	_
658 via cala				
		Address		_
englewood fl	34224			
	C	ity/State and Zip Code		_
wendysohl@	ymail.com			
E-mail a	address: (to	be used for future annual	report notification)	_
For further in	formation (concerning this matter, ple	ease call:	
wendy sohl			248	761-9773
	Name o	of Person	at (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	ı check for	the following amount:		
■\$25 Filing	Fee	S30 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.

FIRȘT:	The name of the limited liability company	y is:			
SECONI	The Florida Document number o	f the limited liability co	mpany is:	L221	0004
HIRD:	Document to be corrected is:	ida Limited Liability Con	mpany Filing		
	(CHECK THE APPROPRIATE E			TATEMEN	<u>IT</u>
	Contains an incorrect statement. The incotatement are as follows:	orrect statement, the reas	son the statement is incorre	ect, and the o	corrected
]	n the authorized persons detail, The manag	ger is listed as Steven C S	Sohl of 658 Via Cala, Engley	vood Florida	34224.
<i>.</i> -	The correct MGR is Wendy S Sohl 658 Via	i Cala Englewood Fl 342	24		
- <u>(</u>	<u>DR</u>		···		
	Was defectively signed. The manner in was follows:	which the document was	defectively signed and the	appropriate	correction
-				100 mg	Th PH
<u>-</u>	<u>DR</u>			STATE EF. FL	- 2 : ti
2 1 -	The electronic transmission of the record, Signature of Authorized Representations	<u> </u>	NOV.	8:202	2_
_	of new registered agent, if applicable :(the designation).		registered agent, the new	registered ag	gent must
	istered Agent's Signature, if changing Re				
hereby o provision phligation	accept the appointment as registered age is of all statutes relative to the proper and ins of my position as registered agent as p whange in the registered office address, I	nt and agree to act in the discomplete performance or ovided for in Chapter hereby confirm that the	of my duties, and I am fan 605, F.S. Or, if this docum limited liability company i	niliar with a ent is being	nd accept filed to m
	\mathcal{O}		gnature \$25.00		
		L'	\$30.00 (optional)		