122000 508 704

(Requestor's Name)				
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COVER LETTER

	of Corporations			
STR SUBJECT:	UT YOUR MUTT LLC			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or Madai	n:			
The enclosed State	ement of Correction and fee(s) a	re submitted for filing	g.	
Please return all o	prrespondence concerning this n	natter to the following	દુ:	
JODI D FANSLE	R			
	Name of Person		-	
STRUT YOUR M	IUTT LLC			
Firm/Company			-	
13750 W COLOS	HAL DR STE350246			
	Address		-	
WINTER GARD	EN, FL 34787			
	City/State and Zip Code		_	
JODIDFAN@AC	L.COM			
E-mail addre	ess: (to be used for future annual	report notification)	-	
For further inform	ation concerning this matter, ple	ease call:		
JODED FANSLE	R	810	280-0107	
	Name 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 che	ck 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	

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: _____ The Florida Document number of the limited liability company is: L22000508704 SECOND: Document to be corrected is: _ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Ă Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: CURRENTLY READS STRUT YOUR MUTT LLC, SHOULD READ STRUT YOUR MUTTS LLC. LORIGINALLY LEFT OFF THE S AT THE END OF MUTT AND NEED TO CORRECT IT TO MUTTS <u>OR</u> 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. 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)

CR2E062 (9/15)