

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23 000026133

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROPICAL ISLAND PIZAA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Island Pizaa, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Douglas A. Orr, Esq.

Name of Person

Orr Law Firm, PL

Firm/Company

2930 Del Prado Blvd. South, suite B

Address

Capo Coral FL 33904

City/State and Zip Code

dorr@ortlawfirm.org

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

For further information concerning this matter, please call:

Douglas A. Orr

239

565-7351

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

UK2E062 (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: Tropical Island Pizaa, LLC

SECOND: The Florida Document number of the limited liability company is: L23900026133

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:

Present name of LLC is misspelled as "Tropical Island Pizaa, LLC." "Pizza," was accidentally misspelled.

This was a scrivener's error in the originally filed Articles of Organization.

Please change name of LLC to: "Tropical Island Pizza, LLC" with the word, "Pizza" correctly spelled.

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

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)