## 23000079521

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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A. RIVERS
JUN 2 7 2023

## **COVER LETTER**

TO: Registration Division of C					
OBDLE SUBJECT:	NKSOLUTIONS				
30bjr.c.1;	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Stateme	nt of Correction and fee(s)	are submitted for filin	g.		
Please return all corre	spondence concerning this	matter to the followin	g:		
MIGUEL PENSO					
	Name of Person		_		
	Firm/Company		-		
317 SUMMER SAIL	S DR				
	Address	<del></del>	-		
VALRICO/FLORID/	A/33594				
	City State and Zip Code	-	_		
OBDLINKSOLUTIC	NS@GMAIL.COM				
E-mail address:	(to be used for future annua	Treport notification)	-		
For further information	n concerning this matter, pl	case call:			
MIGUEL PENSO		813	8208420		
Nan	ne of Person	at (at 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 f	or 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: OBDLINKSOLUTIONS LLC The Florida Document number of the limited liability company is: L23000079521 SECOND: Document to be corrected is: \_\_\_\_\_ THIRD: (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: The name of the registered agent has SR added in error (Miguel Penso SR, and that is incorrect.) The correct name of the Registered Agent is Miguel Penso. The correct address is still 317 Summer Sails Dr. Valrico, FL 33594 OR ☑ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: N/A <u>OR</u> 2 The electronic transmission of the round was defective N/A Signature of Authorized Representative 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)



May 15, 2023

MIGUEL PENSO 317 SUMMER SAILS D. VALRICO, FL 33594

SUBJECT: OBDLINKSOLUTIONS LLC

Ref. Number: L23000079521

We have received your document for OBDLINKSOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 823A00010986

Alecia Rivers Regulatory Specialist III

www.sunbiz.org