123000172195

(Requestor's Name)						
(Address)						
(Addition,						
(Address)						
(City/State/Zip/Phone #)						
(6.1), 6.16.16.16.17						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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R. HUNT 04/24/27

COVER LETTER

TO: Registration Division of	i Section Corporations					
Festive SUBJECT:	Fling LLC					
SUBJECT:	?	Same of Limited Liab	ility Company			
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s) a	re submitted for filing	5.			
Please return all corre	espondence concerning this n	natter to the following	î;			
Luyen Nguyen						
	Name of Person		•			
Festive Fling LLC				٠	2003	
	Firm/Company		-	<u>.</u>	77	
12041 70th St					1 .73	<i>:</i> '
	Address		-	, 170 , 170	A	
Largo FL 33773			四当	203725 WIL:51	فريم	
	City/State and Zip Code	-	•	ניו		
festiveflinglle@gma	il.com					
E-mail address:	(to be used for future annual	report notification)	-			
For further informati	on concerning this matter, ple	rase call:				
Luyen Nguyen		714	8157372			
Nai	me of Person	at (Area Code	Daytime Telephone Number			
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	nite 810		
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: Festive Fling LLC The Florida Document number of the limited liability company is: L23000172195 SECOND: Document to be corrected is: L23000172195 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: Effective date is June 06 2023. I wrote the wrong date. Need to change effective date to May 06 2023. 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: Certified Copy: \$25.00

\$30.00 (optional)