

123000404220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

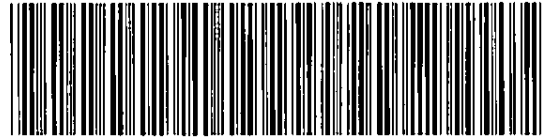
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARMORED TITLE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

SOSTENES DE OLIVERIA ALVES

Name of Person

ARMORED TITLE LLC

Firm/Company

3777 OLD BERRY POINT 201

Address

FORT MYERS, FL 33916

City/State and Zip Code

alvessostenes.oliver@gmail.com

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

For further information concerning this matter, please call:

SOSTENES DE OLIVEIRA ALVES

Name of Person

at ( 239 ) 264-2899

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: ARMORED TITLE LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000404220

**THIRD:** Document to be corrected is: L23000404220

**(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:

NAME IS INCORRECT. CORRECTION IS ARMORED TILE LLC

**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.

Sostenes De Oliveira Alves

Signature of Authorized Representative

Date

September 21, 2023

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.

Sostenes De Oliveira Alves

Registered Agent's Signature

September 21, 2023

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)