L23000458212

(Requestor's Name)	
(Address)	· · ·
(Address)	<u>.</u> .
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
um.lls	 -
Office Use Only	



100419500141

11/30/23--01019--023 **25.00

2023 HO7 30 KH 10: 23

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	CHOJEN V	'ENTURE CAPTIAL LL	.C	
JOBSEC 1.		7	Name of Limited Liab	oility Company
Dear Sir or M	Madam:			
The enclosed	l Statement o	of Correction and fee(s) a	re submitted for filin	g.
Please return	all correspo	ondence concerning this r	natter to the following	g:
Tracey Walk	er			
		Name of Person		-
CHOJEN Ve	enture Capita	al		
		Firm/Company		_
581 NW 162	. Ave			
		Address		_
Pembroke Pi	ines, FL 330	28		
	Ci	ty/State and Zip Code		_
tjjensen8284	@gmail.con	n		
E-mail	address: (to	be used for future annua	report notification)	<u>.</u>
For further in	iformation c	oncerning this matter, ple	ease call:	
Tracey Walk	ter		786 at (523-3572
	Name o	f Person	Area Code	Daytime Telephone Number
Reg Div P.O	iling Addres gistration S vision of C D. Box 632 lahassee, I	Section Forporations 17		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	a check for	the following amount:		
■\$25 Filing	Fee I	☐ \$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

PERST	The name of the limited liability company is
11115	
SECON	D: The Florida Document number of the limited liability company is 1.23000458212
riuko	Document to be corrected is Corporate Filing
	ICHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
0	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	involrect statement. CHOTEN VENTURE CAPTIAL LAC
	reason, the word CAPITAL was spelled wrong
	Connected statement CHOTEN VENBURE CAPITALITY
	<u>u</u>
Ð	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	23
	DR
(2)	The electronic transpring on the record was defective
127	Signifiance of Authorized Representative Date
	Signature of Authorized Representative Date
	re of new organized agent, if applicable (150.14) if correcting the represented agent, the new registered agent most sign ag the designation)
- Eliciet - pravisi - aldiga - reflect	Egistered Agent's Signature, it changing Registered Agent was epithe apparatment as consistent and agene to act in this capacity. I incline agree to comply with the ons of all statutes relative to the proper and complete performance of my dintes, and I am familian with and accept the now of my position as registered agent at provided for in Chapter 605 T.S. Or, if this disconnent is being filed to merely a change in the registered office address, I becely confirm that the limited liability company has been notified in writing hange. [Registered Agent's Signature]

Elling Fee; Certified Copy: \$25,00

\$10,00 (optional)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209. F.S., this documer me of the limited liability comparate			locument.		
<u>SECONI</u>	<u>D:</u>	The Florida Document number	of the limited liabi	ility company is:	2		
THIRD:		Document to be corrected is:	orporate Filing				
		CHECK THE APPROPRIATE					
	Conta	ns an incorrect statement. The in					rected
	incorr	ect statement: CHOJEN VENTURI	E CAPTIAL LLC				
•	reasor	the word CAPITAL was spelled v	vrong				
•	correc	ted statement: CHOJEN VENTUR	E CAPITAL LLC				
	OR Was cas followed	efectively signed. The manner in	which the docume	ent was defectively signed and	the approp	2023 HOY 30 AH O: 23	errection are
2	The e	ectronic transmission of the reco	rd was defective.		•		
New Re I hereby provisio	gistere accep ons of ons of achan	Signature of Authorized Reposition as registered agent, if applicable designation). Ed Agent's Signature, if changing of the appointment as registered at the proper of t	:(NOTE: if correct Registered Agent: gent and agree to and complete performs or provided for in O	act in this capacity. I further as ormance of my duties, and I am Chapter 605, F.S. Or, if this doc	ew register gree to con familiar w cument is b	nply wit vith and peing file	h the accept the ed to merely
			n : 1.	Cimpoture			
			Registered Age	•			
		Cert	Filing Fee: ified Copy:	\$25.00 \$30.00 (optional)			