

12/21/23, 12:47 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230004345373128

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To:

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

From:

Account Name : DES-MATT, INC
Account Number : I20180000078
Phone : (352)223-3911
Fax Number : (863)318-8218

****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
INDELSAN GROUP, LLC**

Certificate of Status	0
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Page Count	01
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 27 AM 9:44

**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: INDELSAN GROUP, LLC

SECOND: The Florida Document number of the limited liability company is: L23000473128

THIRD: Document to be corrected is: L23000473128

(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:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Signature of member or an authorized representative, Electronic Signature Oscar M. Zanabria is incorrect.

The correct signature is: OSCAR M. SANABRIA.

OR

- ☐ The electronic transmission of the record was defective.

Oscar M. Sanabria
Signature of Authorized Representative

12/26/2023

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
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