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COVER LETTER

TO:	Registration S Division of Co							
SURIE		IRA Adminstration LLC F	BO Curtis Edwards II	RA 1527747				
3000	Name of Limited Liability Company							
Dear Si	ir or Madam:							
The end	closed Statemen	t of Correction and fee(s) a	are submitted for filin	<u>g</u> .				
Please	return all corres	pondence concerning this r	natter to the following	តិ:				
Curtis	Edwards							
		Name of Person		_				
		Firm/Company		-				
121 E S	Small Street							
		Address		-				
Carmel	I, IN 46032							
		City/State and Zip Code		_				
24custe	er@gmail.com							
Е	-mail address: ()	to be used for future annua	report notification)	_				
For furt	ther information	concerning this matter, pl	ease call:					
Curtis Edwards			614 at (915-5139				
	Name	of Person	Area 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				
Enclose	ed is a check fo	r the following amount:						
■\$25 F	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	Advanta IRA y company is:	Administration LLC				
	FBO Curtis Edwards IRA						
SECOND: The Florida Document number of the limited liability company is: L24000				00095886	095886		
THIRD: Document to be		ted is:	t - corporate name				
	(CHECK THE APPROI			CARLE STATE	MENT		
	<u>(chiek IIII. AITROI</u>	KIATE BOX AND COR	M LETE THE ATT LI	CABLE STATE	<u>VIENT</u>		
Ø	Contains an incorrect statement statement are as follows:	nt is incorrect, and	the corrected				
	The correct name of the entity is						
		<u> </u>	_				
	<u>OR</u>		**				
0	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:						
	<u>OR</u>						
Ø	The electronic transmission of t	he record was defective.		¬ 1	D (/		
		and the		3-/-			
	Signature of Authoriz	zea Kepresentative		Date			
	e of new registered agent, if app g the designation),		ting the registered agen	it, the new register	ed agent must sign		
I hereby provisio obligatie	gistered Agent's Signature, if ch accept the appointment as regis as of all statutes relative to the p ans of my position as registered change in the registered office of ange.	stered agent and agree to c proper and complete perfo agent as provided for in C	rmance of my duties, ar hapter 605, F.S. Or, if t	nd I am familiar w this document is b	ith and accept the zing filed to merely		
		Registered Age	nt's Signature				
		Filing Fee:	\$25.00				

Certified Copy:

\$30.00 (optional)