

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000152712

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

From:
Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : 128140000108
Phone : (914)949-9188
Fax Number : (914)949-9618

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
ANTHONY VINCENT DOLOROSO LLC

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Certified Copy	0
Page Count	01
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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M. SOLOMON

APR - 4 2024

**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: ANTHONY VINCENT DOLOROSO LLC

SECOND: The Florida Document number of the limited liability company is: 124000152712

THIRD: Document to be corrected is: Articles of Organization

(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:

The registered agent zip code was listed incorrectly Anthony Vincent Doloroso, 224 NW 7th Pl,

Cape Coral, FL 33903. The correct registered agent zip code should be Anthony Vincent Doloroso

224 NW 7th Pl, Cape Coral, FL 33903

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.

/s/ Anthony Vincent Doloroso

4/4/2024

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 665, 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.

/s/ Anthony Vincent Doloroso

Registered Agent's Signature

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

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