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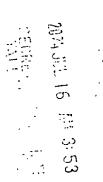
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•	•
SUBJECT: 5-	TEIR FLOC	oRS	
3011)DET:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trevor	Van Hoeck Name of Person	
	S-TE	IR FLOORS Firm/Company	
	6720	NE 1st Stru Address	eet
	<u>Ocala</u>	FL 34470 City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	2021 JUL 16
For further information c	oncerning this matter, please ca	ali:	
Trever	VanHoeck	at ( <u>352)</u> 572 Area Code Daytin	-5350
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		;. <b>ω</b>
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	int to section 605.0209, F.S., this document is being submitted to correct a pr	eviously filed document.	
FIRST	f: The name of the limited liability company is: 5-TEIR FLO	JORS LLC	
<u>SECO</u>	ND: The Florida Document number of the limited liability company is:	L24000194592	
<u>THIRI</u>	D: Document to be corrected is: Fatity Name		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE A	PPLICABLE STATEMENT	
	Contains an incorrect statement. The incorrect statement, the reason the statement are as follows:		đ .
	"S-TEIR FLOORS" spelled wro	na. Pleuse	
	"S-TEIR FLOORS" spelled wro change spelling to "S-TIER F	-LOORS", which	
	is available		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defective	ly signed and the appropriate correct	ion are
	as follows:	77 7	
		超星 :	1
			•
	OR		. :
	The electronic transmission of the record was defective.	:	
_	<u> </u>	7-16-71 6	
	Signature of Authorized Representative	Date	
Signatu acceptii	are of new registered agent, if applicable :( NOTE: if correcting the registered ng the designation).	l agent, the new registered agent mus	t sign
I hereby provisio obligati		ies, and I am familiar with and accep Or, if this document is being filed to t ability company has been notified in t	merely
	Registered Agent's Signature	ever Van Hoeck	
	Registered Agent's Signature		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)