

L240000252946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

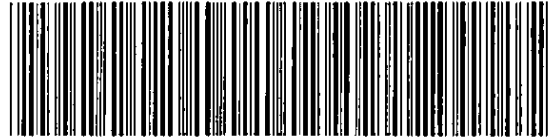
(Business Entity Name)

(Document Number)

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09/13/24--01020--001 **25.00

FILED
TALLAHASSEE, FLORIDA

2024 OCT -4 AM 8:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URSHELA-UNLIMITED LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier A Urshela

Name of Person

Firm/Company

969 Pebble Creek Circle

Address

Orlando/Florida 32824

City/State and Zip Code

jurshela@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier A Urshela

352

5756542

at (_____) _____

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

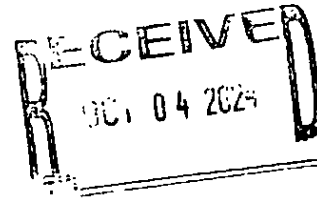
☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2024

JAVIER A URSHELA
969 PEBBLE CREEK CIRCLE
ORLANDO, FL 32824



SUBJECT: URSHELA-UNLIMITED LLC
Ref. Number: L24000252946

We have received your document for URSHELA-UNLIMITED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Statement of Correction must be signed by an Authorized Representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00020912

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

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document on **2024 OCT -4 AM 8:41**

FIRST: The name of the limited liability company is: URSHELA-UNLIMITED LLC
TALLAHASSEE, FLORIDA

SECOND: The Florida Document number of the limited liability company is: L24000252946

THIRD: Document to be corrected is: Article of organizations.

(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 date filed should be the same as the effective date; In this case, the effective date should be 06/03/2024

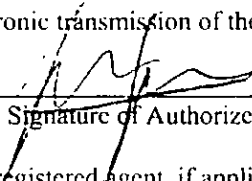
Instead of 05/24/2024 the effective date should be 06/03/2024

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.


Signature of Authorized Representative

09/27/2024
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
Certified Copy: \$30.00 (optional)