

L24000307938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

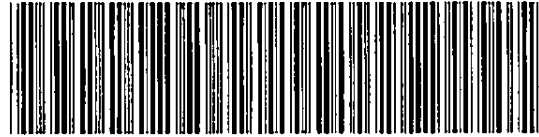
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



700433749027

Statement of
Correction

700433749027
08/09/21--01004--001 **7.50

08/09/21--01004--001 **7.50

A. RAMSEY

AUG 9 2024

FILED
2024 JUL 25 PM 2:54
ALLAHASSEE, FLORIDA
2024 AUG -8 AM 8:12
STATE OF FLORIDA
CLERK OF SUPERIOR COURT

*00678, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2024

AIJALON CHAMBERS
SOHEIGHTS LLC
10941 BRUCE B DOWNS BLVD
TAMPA, FL 33657

SUBJECT: SOHEIGHTS LLC
Ref. Number: L24000307938

We have received your document for SOHEIGHTS LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50.

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 824A00016538

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SoHeights 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:

Angela Chambers
Name of Person

SoHeights LLC
Firm/Company

1946 Bruce B. Davis Blvd # 230
Address

Tampa FL 33647
City/State and Zip Code

cellular@urbanhousing.net.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Chambers at 813 394-6802
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:

☐ \$ Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

CR21:062 (9/15)

**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: Articulos LLC

SECOND: The Florida Document number of the limited liability company is: 628000307938

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:

AMBI is listed as Chambers, Angulon and
It should be Angulon Chambers. First Name is
Angulon, Last Name is Chambers

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.

x [Signature] 08/26/24
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 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.

[Signature]
Registered Agent's Signature

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