624000328604

(Requestor's Name)				
(Āddress)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Umik				

Office Use Only



09/02/24--01030--010 ++25.00

.



August 30, 2024

VIA FED EX SIGNATURE REQUIRED Florida Department of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

RE: <u>2251WASHBURN, LLC and QUIP, LLC</u>

To Whom It May Concern:

Please find enclosed a Statement of Corrections for each (i) 2251 WASHBURN, LLC and for (ii) QUIP, LLC. Each Statement has a check for the filing fees in the amount of \$25.00.

If you have any questions, please contact our office.

Sincerely yours,

Wanda Portnoy Paralegal

Enclosures (as stated)

COVER LETTER

TO: Registration Section Division of Corporations

2251 WASHBURN, LLC

SUBJECT:

.

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:

JOSEPH L. LINDSAY, ESQ.

Name of Person

LINDSAY & ALLEN, PLLC

Firm/Company

5692 STRAND COURT, SUITE 1

Address

NAPES, FLORIDA 34110

City/State and Zip Code

JOE@NAPLES.LAW

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

For further information concerning this matter, please call:

JOSEPH L. LINDSAY, ESQ. Name of Person		239 at (593-7900
		at (Area Code	Daytime Telephone Number
<u>Mailing Address:</u> 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 fo	or the following amount:		
■\$25 Filing Fee	□ \$30 Filing Fee &	□\$55 Filing Fee &	S60 Filing Fee,

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.

EIRST: The name of the limited liability company is: ______

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

L24000328604

THIRD: Document to be corrected is:______

(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:

ADDRESS OF THE COMPANY WAS INCORRECTLY ENTERED.

ADDRESS SHOULD BE: 311 TAMARINDO LANE, NAPLES, FLORIDA 34114

<u>OR</u>

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

<u>OR</u>

The electronic transmission of the record way defective.

Signature of Authorized Representative

30/24

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