## L24000387629

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
<b>,</b> , ,,					
(Decomposit Number)					
(Document Number)					
Certified Copies Certificates of Status					
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J. HORNE					
OCT 2 9 2024					

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## **COVER LETTER**

	ntion Section of Corporations		
	EGA YATCH PROVISION.		
SUBJECT:		Name of Limited Liab	pility Company
Dear Sir or Mada	am:		
The enclosed Sta	tement of Correction and fe	e(s) are submitted for filin	g.
Please return all	correspondence concerning	this matter to the following	ត្ត:
JONATHAN S.	BURILLO GUERRA		
	Name of Person		<u></u>
MEGA YATCH	PROVISION, LLC		
	Firm/Company		·
10544 NW 26TI	H ST SUITE E 103		
	Address	<del>-</del>	_
DORAL, FL 33	172		
<del></del>	City/State and Zip Code		_
info@comoinvi	erto.info		
E-mail add	ress: (to be used for future a	nnual report notification)	<b></b>
For further infor	nation concerning this matt	er, please call:	
JONATHAN S.	BURILLO GUERRA	305	793-0506
,	Name of Person	at (	Daytime Telephone Number
Regist Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, 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 ch	eck for the following amou	ınt:	
■\$25 Filing Fee	S30 Filing Fee & Certificate of St		<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

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

		Filing Fee:	\$25.00				
		Registered Age	nt's Signature				
New R I hereb provisi obligat reflect	ing the d legistered by accept ions of a tions of r	ew registered agent, if applicable :( NOTE: if correct lesignation).  d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to all statutes relative to the proper and complete perform position as registered agent as provided for in Carlo in the registered office address, I hereby confirm to	ct in this capacity. I further as mance of my duties, and I am hapter 605, F.S. Or, if this doc	gree to comply with the familiar with and accept the cument is being filed to merely			
		Signature of Authorized Representative	Da	ite			
	The el	ectronic transmission of the record was defective.	10-3-24				
	<u>OR</u>						
0	OR Was d as follo	efectively signed. The manner in which the docume ows:	ent was defectively signed and	the appropriate correction are			
		ame of company should be corrected as MEGA YACH	T PROVISION, LEC	<u> </u>			
		eason was due to the company's name was typed incom					
		ompany's name MEGA YATCH PROVISION, LLC is					
<b>2</b>		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	ſ	CHECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABL	E STATEMENT			
<u>THIR</u>	<u>.D</u> :	Document to be corrected is:	of LLC should be with right name. "MEGA YACHT	PROVISION, LLC			
SECO	<u> DND:</u>	The Florida Document number of the limited liab	ility company is: L24000387	629			
	_						
	••	ction 605.0209, F.S., this document is being submitt  MEGA YAT  ame of the limited liability company is:	•	2024 <sub>007 = 7</sub> 10: 15			