

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000347342 3)))



H240003473423ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TIER ONE LICENSES LLC
Account Number : 120230000120
Phone : (321)989-7356
Fax Number : (321)341-8522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: rudddesigns@gmail.com

FILED
2024 OCT 17 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 OCT 17 AM 11:06

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARTISAN STRUCTURES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

(((H24000347342 3)))

TO: Registration Section
Division of Corporations

SUBJECT: ARTISAN STRUCTURES 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:

Steven Rudd

Name of Person

ARTISAN STRUCTURES LLC

Firm/Company

8546 PRESERVATION DRIVE

Address

PANAMA CITY BEACH, FL 32413

City/State and Zip Code

rudddesigns@gmail.com

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

For further information concerning this matter, please call:

Lisa Adams

321

989-7356

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

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

(((H24000347342 3)))

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: ARTISAN STRUCTURES LLC

SECOND: The Florida Document number of the limited liability company is: L24000438196

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:

The Effective Date was listed as 1/1/2025 incorrectly. The Effective Date should be the same as the date filed.

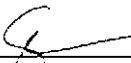
Please change the Effective Date to 10/14/2024. Thank you.

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.


October 17, 2024

 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.

Registered Agent's Signature

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

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