624000457557

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COVER LETTER

	tion Section of Corporations			
CIUNIDAD	ngrays Signs and Consulting LLC	•		
30 13 11011		Name of Limited Liab	ility Company	
Dear Sir or Mada	ım:			
The enclosed State	tement of Correction and fee(s) a	re submitted for filing	Ţ.	
Please return all o	correspondence concerning this n	natter to the following	;	
Troy Thomas				
	Name of Person			
Stuart Tax and A	eccounting LLC			
	Firm/Company	••	•	
400 SE Flamingo)			
	Address			
Stuart, F1, 34996	•			
	City/State and Zip Code		•	
tiara3034@yaho	o.com			
E-mail addr	ress: (to be used for future annual	report notification)	-	
For further inform	nation concerning this matter, plo	ease call:		
Troy Thomas		772 at (2838500	
	Name of Person	Area Code	Daytime Telephone Number	
Registi Divisio P.O. B Tallah	Address: ration Section on of Corporations tox 6327 assce. FL 32314		Tallahassee. FL 32303	ons, you oo pil l
Enclosed is a ch	eck for the following amount:		E, FIA	਼ਿ. 60 :ਜ
■\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	Certificate of Status & Certificat Copy	9

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. <u>FIRST</u>: The name of the limited liability company is: <u>Stingrays Signs and Consulting LLC</u> The Florida Document number of the limited liability company is: 1.24000457557 SECOND: Document to be corrected is: Entity Name THIRD: (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 business name filed was incorrectly spelled. The name should be "Stingray Signs and Consulting LLC" OR ☑ 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 was defective. James Parks 11/14/2024 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 anti-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)

CR2E062 (9/15)