12/19/24, 3:55 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I2014000089 Phone : (754)301-2128 Fax Number : (954)252-4650

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

Email Address: NFO@GFSTAXACCT.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-PV FLOW HOLDING LLC

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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
	OW HOLDING LLC		
SUBJECT:		Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Staten	nent of Correction and fec(s)	are submitted for filin	g.
Please return all cor	respondence concerning this	matter to the followin	ā:
JULIANA MACHA	ADO, CPA		
	Name of Person		-
GFS TAX & ACCC	OUNTING SERVICES		
	Firm/Company		-
11764 W SAMPLE	RD STE 102		
	Address	<del></del>	-
CORAL SPRINGS.	FL 33065		
	City/State and Zip Code		-
INFO@GFSTAXA	CCT.COM		
E-mail address	: (to be used for future annua	l report notification)	•
For further informat	ion concerning this matter, pl	ease call:	
JULIANA MACHA	.DO. CPA	754 at (	301 2128
Na	me of Person	Area Code	Daytime Telephone Number
Division ( P.O. Box	on Section of Corporations		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	☐ S60 Filing Fee. Certificate of Status & Certified Copy
CR2E062 (9/15)			

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## 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.							
FIRS	T: The na	me of the limited liabitity company is: PV FLOW I	OLDING LI.C	·			
				<del></del>			
SECOND: The Florida Document number of the limited liability company is: L24000519835			ility company is:	<u></u>			
<u>THIR</u>	<u>.D</u> :	ion for Florida Limited Liability Company					
	ſ	CHECK THE APPROPRIATE BOX AND COM		ENT			
0		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	Princip	Principal Address: 10388 W STATE RD 84 STE 106 - DAVIE, FL 33324					
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	OR			<del></del>			
Ø	Was d	efectively signed. The manner in which the docum	ent was defectively signed and the appropri	ate correction are			
				·			
	<u>OR</u>			<u> </u>			
<b>2</b>	The el	ectronic transmission of the record was defective.		<u>.</u>			
	$\pi_{u}$	liana markado	12/19/24	T.			
		Signature of Authorized Representative	Date	<del></del>			
		w registered agent, if applicable :( NOTE: if correcesignation).	ting the registered agent, the new registered	l agent must sign			
l herel provisi obliga reflect	by accept ions of a tions of r	Agent's Signature, if changing Registered Agent; the appointment as registered agent and agree to a listatutes relative to the proper and complete perform position as registered agent as provided for in Ce in the registered office address. I hereby confirm to	mance of my duties, and I am familiar with hapter 605, F.S. Or, if this document is being	and accept the			
Registered Agent's Signature							
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