

M12 0000002461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

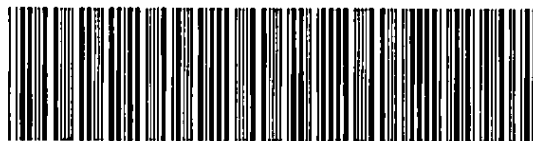
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Free correction due to name  
being filed wrong originally

KB

Office Use Only



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APPROVED  
AND  
FILED

2022 SEP 16 AM 10:46


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2022 SEP 16 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 915522 7784975  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : August 30, 2022  
ORDER TIME : 1:38 PM  
ORDER NO. : 915522-005  
CUSTOMER NO: 7784975

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FOREIGN FILINGS

NAME: KATMAI GOVERNMENT SERVICES,  
L.L.C.

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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.

**FIRST:** The name of the limited liability company is: KATMAI GOVERNMENT SERVICES, L.L.C.

**SECOND:** The Florida Document number of the limited liability company is: M12000002461

**THIRD:** Document to be corrected is: Foreign Application to Transact

**(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 name listed in line 1 of the application does not match the certificate of good standing.

Line 1 of the application should list the name as: Katmai Government Services, L.L.C.

**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.

*Cindy Van der Berg*

Signature of Authorized Representative

Date

APPROVED  
AND  
FILED  
2022 SEP 16 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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)**