

M19000007442

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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Fax Number : (800) 432-3622

2019 SEP 10 AM 10:57

19 SEP -9 PM 10:10
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R1 ASSETS LLC**

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

PLEASE PROVIDE ORIGINAL SUBMISSION DATE OF 9/9/2019

Electronic Filing Menu Corporate Filing Menu Help



September 10, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

R1 ASSETS LLC
535 SOUTH STREET
NEPTUNE BEACH, FL 32266

SUBJECT: R1 ASSETS LLC
REF: M19000007442

***PLEASE PROVIDE ORIGINAL SUBMISSION DATE
OF 9/9/2019***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please enter the type of document to be corrected in the third section of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000269422
Letter Number: 119A00018582

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R1 Assets 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:

Daniel Fico

Name of Person

Firm/Company

535 South Street

Address

Neptune Beach, FL 32266

City/State and Zip Code

brinyholdings@gmail.com

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

For further information concerning this matter, please call:

Daniel Fico

Name of Person

at (203)

Area Code

231-6038

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2B062 (9/15)

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: R1 Assets LLC

SECOND: The Florida Document number of the limited liability company is: M19000007442

THIRD: Document to be corrected is: Application by Foreign LLC for Authorization to Transact Business

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:

Authorized Person(s) Detail is incorrect. Update as follows

Manager: Briny Holdings LLC

Address: 535 South Street, Neptune Beach FL 32266

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

[Blank lines for defectively signed details]

OR

The electronic transmission of the record was defective.

[Handwritten signature]

Signature of Authorized Representative

09-SEPT-2019

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)