

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900371494909

RECEIVED

HISTOR OF LOSF GRAILON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/10/2021

NAME: ILOANS USA LLC

TYPE OF FILING: STATEMENT OF CORRECTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	tion Section of Corporations			
iLC SUBJECT:	ILOANS USA LLC			
		Name of Limited Liability Company		
Dear Sir or Mada	m:			
The enclosed Stat	tement of Correction and fee(s)	are submitted for fili	ng.	
Please return all c	correspondence concerning this	matter to the following	ng:	
Isaac Mittan				
	Name of Person		_	
iLOANS USA LI	LC			
	Firm/Company		_	
8700 turnpike dri	ve suite 303			
	Address	<u>. </u>	<u> </u>	
Westminster, CO	80031			
	City/State and Zip Code		_	
isaac@iloanscolo	rado.com			
E-mail addre	ess: (to be used for future annu	al report notification)	_	
For further inform	nation concerning this matter, p	lease call;		
Isaac Mittan		303 at (665-8282	
İ	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 816 Tallahassee, FL 32303		
Enclosed is a chec	ck 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	

CR2E062 (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: iLOANS USA LLC The Florida Document number of the limited liability company is: M21000004407 SECOND: Document to be corrected is:__APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY 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 Wrong FEIN Number was listed. The correct FEIN Number should be 82-1367091 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> X The electronic transfersion of the record was defective. 08/06/2021 ure 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: Certified Copy:

\$30.00 (optional)