Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000097968 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:_			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIFLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T. LENNEUX APR 18 2023

From: David Thomas

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	it to se	ection 605.0209, F.S., this docum			iled docu	ment.			
<u>FIRST</u>	: The r	name of the limited liability comp	Rifle, LLC pany is:					-	
SECO!	ND:	The Florida Document numb	er of the limited li	M220000 ability company is:	00474			_	
THIRI		Document to be corrected is:						_	
		(CHECK THE APPROPRIAT	<u> FE BOX AND CO</u>	MPLETE THE APPLICA	BLE ST	<u>ateme</u>	<u>NT</u>		
	state	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	Nam	Name of Current Registered Agent - CT Corporation. The name is incorrect and should be C.T Corporation System							
	as co	rrected:				_		_	
	Nam	c of Current REgistered Agent - C	T Corporation Sys	tem				_	
	<u>OR</u>								
		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are is follows:							
						; <u> </u>		_	
							2023 Ars	_	
	OR							-	
	The	electronic transmission of the re-	cord was defective			-	7 P	031	
	ν	alerie Reynolds			03/13/	2023	PM 4: 31	_	
		Signature of Authorized R			Date	<u></u>			
Signati	ure of ing the	new registered agent, if applicab e designation).	ole :(NOTE: if cor	recting the registered agent, t	he new re	egistered	agent n	nist sign	
I herek provisi obliga reflect	by accions o, tions o tions o a cha	red Agent's Signature, if changing the appointment as registered fall statutes relative to the propeof my position as registered agenunge in the registered office address.	d agent and agree or and complete pe or as provided for it	to act in this capacity. I firth rformance of my duties, and n Chapter 605, F.S. Or, if thi	i am jami s docume	nar wan m is ben	rana aci 12 filed i	cepi me to merely	
of thus	cnanş	_	Ra00	Denise Bell, Asst. Secv.					
			Registered /	Denise Bell, Asst. Secy. Agent's Signature		_			
		Ce	Filing Fee: ertified Copy:	\$25.00 \$30.00 (optional)					