

5/6/22, 4:10 PM

Division of Corporations

Florida Department of State  
**M22000006493**

**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.

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H220001648403ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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**To:**

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

**From:**

Account Name : CORPORATION SERVICE COMPANY  
 Account Number : I20000000195  
 Phone : (850)521-0821  
 Fax Number : (850)558-1515

**\*\*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  
 CIRBUS CONCEPT CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 MAY -6 PM 4:55

FILED  
 2022 MAY -6 PM 5:38  
 STATE OF FLORIDA  
 TALLAHASSEE

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Corporate Filing Menu

T. LEMIEUX  
 Help  
 MAY -9 2022

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Cirrus Concept Consulting, 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.

Leslie Kahn

Name of Person

Cirrus Concept Consulting, LLC

Firm/Company

One Elizabeth Pl., Ste. 110

Address

Dayton, Ohio 45417-3445

City/State and Zip Code

lkahn@altostaffing.com

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

For further information concerning this matter, please call.

Leslie Kahn

937

228-7007

at (

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 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      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Cirrus Concept Consulting, LLC

**SECOND:** The Florida Document number of the limited liability company is: M22000006493

**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:

The FEIN was incidentally left off of the application, the FEIN is 02-0674171.

Leslie Kahn's Title or Capacity was incorrectly listed as "Manager". Leslie Kahn's Title or Capacity should be listed as "Authorized Person". LJC Alto Holdings, LLC should be listed as "Manager".

**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.

\_\_\_\_\_  
Signature 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: \$25.00  
Certified Copy: \$30.00 (optional)