

M22000008568

(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:

Free correction due to name
being spelled wrong when
originally filed.

Kyle B

Office Use Only



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2024 JUN 14 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 14 PM 3:06

JUN 14 2024

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carleton MHC 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:

Jennifer Smith

Name of Person

Carleton MHC LLC

Firm/Company

6547 N. Avondale Ave.

Address

Chicago, IL 60631

City/State and Zip Code

licenses@zemanhomes.com

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

For further information concerning this matter, please call:

Jennifer Smith

773

499-7255

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: Carleton MHC LLC

SECOND: The Florida Document number of the limited liability company is: M22000008568

THIRD: Document to be corrected is: Qualification Documents - Legal Name

(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:

Incorrect Name: Carelton MHC LLC

Reason: Typo

Correct Name: Carleton MHC LLC

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.

Shauna Godbolt
Signature of Authorized Representative

6/12/24
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.

Shauna Godbolt
Registered Agent's Signature

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**