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2023 JUN 28 AM II: 08 SECRETARY OF STATE TALLAHASSEE, FLOREY

APPROVED AND FILED

## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT:	· Pennacc L	Name of Limited Liab	ollity Company
Dear Sir or Madam;			
The enclosed Statemer	nt of Correction and fee(s) a	are submitted for filin	<u>g</u> ,
Please return all corres	pondence concerning this r	matter to the following	3:
Pau	Name of Person	cchi	-
4.	Firm/Company		-
	Buttonwood Address		-
Hamilton	City/State and Zip Code	8619	-
Paul 6 E-mail address: (	a Pennacc	Treport notification)	-
For further information	n concerning this matter, pl	ease call:	
Paul G	Pennauchi e of Person	at ( <u>609</u> Area Code	Daytime Telephone Number
P.O. Box 6.	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:			
ZS25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□S55 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: A Creance Cehi & Sys LLC
SECOND: The Florida Document number of the limited liability company is:
THIRD: Document to be corrected is: Articles of organization
(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:
Should be A Pennacchi and Sons Limited Liability  OR  OR  OR  OR  OR  OR  OR  OR  OR  O
A Pennacchi & Sons LLE Correct name
Should be A Pennacchi and Sons Limited Liability
Company
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction a as follows:
AND
OR 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 sig accepting the designation).
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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: \$25.00

\$30.00 (optional)