

M2300005956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

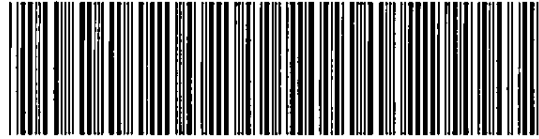
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600431387956

06/13/24--01022--002 **25.00

2024 JUN 13 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL



RENZULLI
LAW FIRM LLP

ONE NORTH BROADWAY, SUITE 1005
WHITE PLAINS, NY 10601
TEL (914) 285-0700 ■ FAX (914) 285-1213
www.renzullilaw.com

June 11, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 180
Tallahassee, FL 32303

Re: **Statements of Correction for STACCATO 2011, LLC**
FL Document No.: M23000005956

To Whom it May Concern,

Enclosed for filing, please find the following Statements of Correction for Staccato 2011, LLC:

1. Application by Foreign LLC for Authorization to Transact Business in Florida; and
2. 2024 Foreign Limited Liability Company Annual Report.

In addition, please find a check in the amount of \$50 representing the Filing Fee.

Thank you for your cooperation in this regard. Please do not hesitate to contact our office should you have any questions or concerns.

Very truly yours,

RENZULLI LAW FIRM, LLP

A handwritten signature in black ink, appearing to read 'Arshia Flourizadeh', with a long horizontal line extending to the right.

Arshia Flourizadeh

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STACCATO 2011, 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:

Peter Malfa, Esq.

Name of Person

Renzulli Law Firm, LLP

Firm/Company

One North Broadway, Suite 1005

Address

White Plains, New York 10601

City/State and Zip Code

pmalfa@renzullilaw.com

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

For further information concerning this matter, please call:

Peter Malfa

914

285-0700

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

2024 JUN 13 PM 2:33
SECRET
TALLAHASSEE, FL

**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: STACCATO 2011, LLC

SECOND: The Florida Document number of the limited liability company is: M23000005956

THIRD: Document to be corrected is: Application by Foreign LLC for Authorization to Transact Business in FL

(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:

Section 8. should be corrected as follows: Manager is Nathan Horvath, 1223 County Road 233, Florence, TX 76527.

Timothy Roa and Rick Evans are authorized persons. Their address is also 1223 County Road 233, Florence, TX 76527.

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

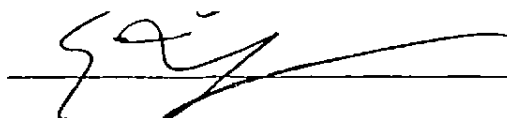
Date

2024 JUN 13 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



CT Corporation System
Eric McConahay, Asst. Secretary

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