

L21000426293

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

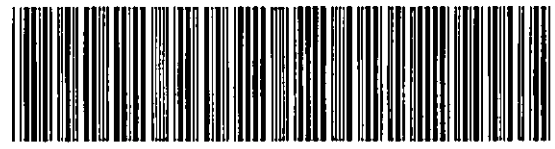
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer  
  
Q. SILAS  
OCT 27 2021  
  
10/21/21  
10/27/21

Office Use Only



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10/22/21--01025--005 \*\*60.00

FILED  
2021 OCT 21 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

MACH 1 INTERIORS LLC

**SUBJECT:** \_\_\_\_\_  
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:

Christina Henley

\_\_\_\_\_  
Name of Person

MACH 1 INTERIORS LLC

\_\_\_\_\_  
Firm/Company

901 NE 10TH STREET SUITE 5

\_\_\_\_\_  
Address

POMPANO BEACH FL 33060

\_\_\_\_\_  
City/State and Zip Code

christinaLhenley@gmail.com

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

For further information concerning this matter, please call:

Christina Henley

954

290-2772

\_\_\_\_\_  
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**

**FILED**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document  
MACH1 INTERIORS LLC

2021 OCT 21 PM 12: 37

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FL

L21000426293

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_  
Articles of Organization

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(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:

B "nad" T Resources LLC, scrivener's error, B "AND" T Resources LLC

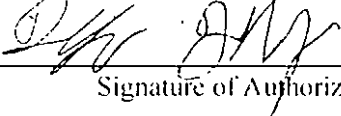
Mach1 Interiors LLC, scrivener's error, Mach 1 Interiors LLC (with a space between "mach " and "1"

**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.



10/19/2021

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)