

L22000194470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

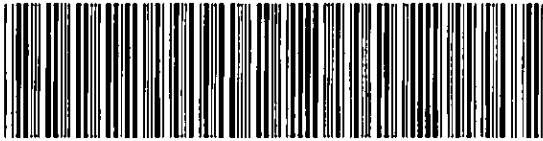
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
JUN 17 2022

Office Use Only



000389607380

FILED
2022 JUN 16 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 JUN 16 PM 2:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC
P.O. BOX 10662 TALLAHASSEE, FL 32301
PHONE: (800) 435-9371

DATE: 6/16/22

NAME: CUP USA, LLC

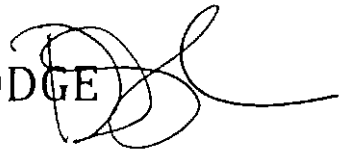
TYPE OF FILING: Articles of Correction

COST: \$25.00

RETURN: Plain Copy

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

JUN 16 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FL

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

FIRST: The name of the limited liability company is: _____

L22000194470

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:

Last name of the Manager should be Undurraga instead of Udurraga

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.

DocuSigned by:

Cristian Undurraga

6/15/2022

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)