



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

STATEMENT OF CORRECTION for Limited Liability Company

(Please type or print)

The undersigned, pursuant to Act 1041 of 2021, sets forth the following:

1. Name of Limited Liability Company: _____

2. The date of filing of the Limited Liability Company's record to be corrected:

3. Reason for filing Statement of Correction: _____

4. Actual effective date of the Statement of Correction (Please state only if the date is not the same as the filing date of the Statement of Correction): _____

5. I affirm that I am the individual authorized to sign on behalf of the aforementioned Statement of Correction and that, under penalty of perjury, the information stated in this record is accurate.

Signature

Name

Title