



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/12/2023	202301201534	OHIO LLC - CERTIFICATE OF CORRECTION (LAC)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

FARUKI PLL
201 EAST FIFTH STREET
SUITE 1420
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4981479

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
BEAMER-WILCOX TRUCKING CO., LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - CERTIFICATE OF CORRECTION

Effective Date: 01/12/2023

Document No(s):

202301201534



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
12th day of January, A.D. 2023.

Ohio Secretary of State

Form 612 Prescribed by:

Date Electronically Filed: 1/12/2023



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate of Correction
For a Domestic or Foreign Limited Liability Company
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ Domestic Limited Liability Company
612-LAC

(2) ☐ Foreign Limited Liability Company
135-LFC

Name of Limited Liability Company

Ohio Registration Number

Name of record to be corrected

Date filed

Or attach a copy of the record as filed.

Specify the inaccuracy to be corrected

Set forth the corrected information

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

FARUKI PLL

Signature

GREGORY S. MAGARIAN

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

Faruki PLL

To the Attention of *(if necessary)*:

Gregory S. Magarian

Address:

201 East Fifth Street Ste 1420

City:

Cincinnati

State

Ohio

ZIP Code:

45202

Phone Number:

(513) 632-0300

E-mail Address:

gmagarian@ficlaw.com

- ☐ Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.
- ☒ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- ☒ **Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- ☐ **Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- ☐ **Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- ☐ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

Form 612 Prescribed by:



Telephone: 877.767.3453

OhioSoS.govbusiness@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov[For screen readers, follow instructions located at this path.](#)**Mail this form to one of the following:**Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216Expedite Filing (**Two business day processing time.**
Requires an additional \$100.00)P.O. Box 1390
Columbus, OH 43216

Certificate of Correction
For a Domestic or Foreign Limited Liability Company
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)(1) ☒ Domestic Limited Liability Company
612-LAC(2) ☐ Foreign Limited Liability Company
135-LFCName of Limited Liability Company

If foreign, name of Limited Liability Company in its jurisdiction of formation (if different)

Ohio Registration Number

Name of record to be corrected

Date filed

Or attach a copy of the record as filed.

Specify the inaccuracy to be corrected

Set forth the corrected information

Please see attached Consent for Use of Similar Name Form 590."/>

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Instructions for Certificate of Correction

This form should be used if you wish to file a certificate of correction to correct a record previously delivered by the domestic limited liability company or foreign limited liability company and filed by the secretary of state if at the time of filing the record contained incorrect or inaccurate information or was defectively signed.

Effective Date

A certificate of correction shall not state a delayed effective date. The Certificate of Correction is effective retroactively as of the effective date of the record the statement corrects, but the statement is effective when filed as to persons that previously relied on the uncorrected record and would be adversely affected by the correction.

Limited Liability Company Information

Provide the name of the limited liability company and the registration number. If the entity is a foreign limited liability company, please provide the name used in Ohio on the first line, and if different, the name of the limited liability company in its jurisdiction of formation on the second line.

Inaccurate information

The form must specify the inaccurate information or the defect in signing. This information can be set forth in the space provided or on an additional document attached.

Corrected Portion of the Record

Set forth the corrected information in the space provided or on an additional document attached.

Signature Required

After completing all required information on the filing form, please make sure the form is signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

A typed name signifies an "intent to sign" which is acceptable.

Additional Provisions

If the information you wish to provide does not fit on the form, please attach on a single-sided 8 ½ x 11 sheet(s) of paper.

Note

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter this information in any format on this form.

Form 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Consent for Use of Similar Name****(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)****Form Must Be Typed**Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name **By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.****Required**

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature
By (if applicable)
Print Name
Signature
By (if applicable)
Print Name