

L12 600 123524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

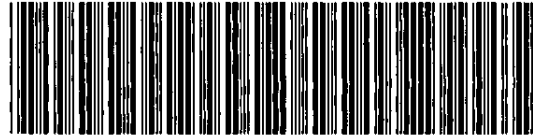
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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10/26/12--01020--013 **25.00

T. CLINE
OCT 29 2012
EXAMINER

L12-123524

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2075 GGE LLC
Name of Limited Liability Company

To Whom It May Concern:
This is correction of
previous request sent on
10.18.2012 because I forgot
signature of Member &
the \$25 check with the first
submission.

Thank you
Laura Yonker

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Michael T. Heiderman
Name of Person

Florida Foreclosures II, LLC
Firm/Company

800 Harbour Dr. #4
Address

Naples, FL 34103
City/State and Zip Code

michael.heiderman@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2012 OCT 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Laura Yonker at (239) 331-8405
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: 2075 GGE LLC

SECOND: The articles of organization or the application to transact business

(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:

Article II - Mailing address should be: 800 Harbour Dr. #4 Naples, FL 34103

Article V - A second manager needs to be added as follows:

Florida Foreclosures II LLC EIN 45-5154975
800 Harbour Dr. #4 Naples, FL 34103
Electronic Signature: Michael T. Heiderman

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: October 17, 2012

Michael T. Heiderman
Signature of a member or authorized representative of a member

Michael T. Heiderman
Typed or printed name of signee

2012 OCT 26 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000123524
FILED 8:00 AM
September 27, 2012
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

2075 GGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2075 17TH STREET SW
NAPLES, FL. 34117

The mailing address of the Limited Liability Company is:

~~25 ORANGE AVE.~~ 800 Harbour Dr #4
~~CLIFTON, NJ. 07013~~ Naples, FL 34103

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS. THIS SHALL BE A MANAGER
MANAGED COMPANY.

Article IV

The name and Florida street address of the registered agent is:

CRAIG D BLUME
800 HARBOUR DRIVE
NAPLES, FL. 34103

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CRAIG D. BLUME

Article V

The name and address of managing members/managers are:

Title: MGR
KRYSTYNA DREWNIAK
25 ORANGE AVE.
CLIFTON, NJ. 07013

MGR
Florida Foreclosures II LLC
800 Harbour Dr #4
Naples, FL 34103

L 12000123524
FILED 8:00 AM
September 27, 2012
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

09/24/2012

Signature of member or an authorized representative of a member

Electronic Signature: KRYSTYNA DREWNIAK / Michael T. Heiderman

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

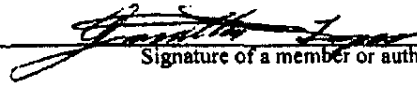
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/26 OCT 26 AM 8:16

FILED

Dated 10/26/2012


 Signature of a member or authorized representative of a member
 Jonathan Lopes, Member
 Typed or printed name of signee