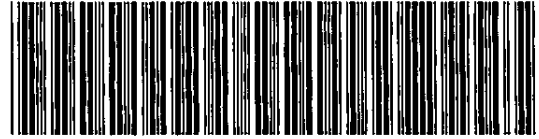


L16000215145



700293300687

(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:

Office Use Only

12/20/16--01013--009 \*\*25.00

DEC 21 2016  
S. YOUNG

16 DEC 20 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **Steadfast PPS, LLC.**

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:

**John L. Fout**

Name of Person

**Steadfast PPS, LLC**

Firm/Company

**390 Beach Blvd.**

Address

**St. Augustine, FL 32080**

City/State and Zip Code

**jfout2@hotmail.com**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 20 PM 4: 20

For further information concerning this matter, please call:

**Nancy Fout**

Name of Person

at ( **304** ) **612-6976**

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

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

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

**FIRST:** The name of the limited liability company is: Steadfast PP, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000215145

**THIRD:** Document to be corrected is: Articles of Organization

**(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:

We Made the Effective Date January 1, 2017.

We would like to remove that date and have the effective date to  
take effect immediately.

**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.

[Signature] 12/16/2016  
Signature of Authorized Representative Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
76 DEC 20 PM 4: 20

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)