

L17000073955

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H170001032713ABOW

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : I20110000058
Phone : (305)350-5344
Fax Number : (305)373-2294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PALESQ@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEFINED DEVELOPMENT LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (01), and Estimated Charge (\$55.00).

Vertical stamps: 17 APR 17 AM 2:24, RECEIVED 17 APR 14 PM 4:20

H17000103271

**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: DEFINED DEVELOPMENT LLC

SECOND: The Florida Document number of the limited liability company is: L17000073955

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:


Steven Gausch, misspelled name of manager, the correct spelling should be Steven Guasch

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.

 4/13/17
Signature of Authorized Representative Date

17 APR 17 AM 2:24
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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)

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