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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA JAN 1 9 2018

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJE	ABIG	AIL GREEN	I LLC		
50001		N	ame of Limited Liabili	ty Company	
Dear S	ir or Madam:				
The en	closed Statement	of Correction and fee(s) a	re submitted for filing.		
Please	return all correspo	ondence concerning this m	natter to the following:		
Abi	gail Gre	en			
	<u> </u>	Name of Person			
		Firm/Company			
3022 Helen Ave					
		Address			
Orl	ando, Fl	L 32804			
	C	ity/State and Zip Code			
	-	1030@gmai			
For fur	ther information o	concerning this matter, ple	ase call:		
Abby Green			321	947-4460 Daytime Telephone Number	
	Name o	of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			R D P	1AH.ING ADDRESS: legistration Section division of Corporations O. Box 6327 allahassee, Florida 32314	
Enclos	ed is a check for	the following amount:			
S 25	Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (9/15)

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: ABIGAIL GREEN LLC The Florida Document number of the limited liability company is: L17000263632 **SECOND:** THIRD: (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: Effective date should have been 01/03/2018. \underline{OR} \Box 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 of Authorized Representative 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.

> Filing Fee: Certified Copy:

\$25.00

Registered Agent's Signature

\$30.00 (optional)