

L18000/24522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

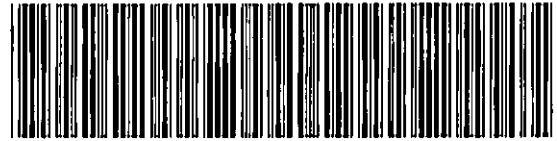
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100317316481

2018 AUG 17 AM 10:34

18 AUG 17 PM 3:48

STATE OF OHIO  
DEPARTMENT OF REVENUE  
COLUMBUS, OHIO 43260-1100

T. CLINE  
AUG 20 2018  
EXAMINER

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 8/17/2018

Acc#I20160000072



Name:	9400 SW 137TH AVENUE OPERATIONS, LLC
Document #:	
Order #:	11119593

Certified Copy of Arts & Amend:	<input type="checkbox"/>	ATTENTION MS. SIMMONS OR BRITTNEY PER KATHY WIDDOES	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

2018 AUG 17 AM 10:34

Thank you!

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 9400 SW 137th Avenue Operations, 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:

Russell Silver-Fagan  
Name of Person

Skadden, Arps, Slate, Meagher & Flom LLP  
Firm/Company

4 Times Square  
Address

New York, NY 10036  
City/State and Zip Code

russell.silver-fagan@skadden.com  
E-mail address: (to be used for future annual report notification)

2005 AUG 17 AM 10:34

For further information concerning this matter, please call:

Russell Silver-Fagan at ( 212 ) 735-3551  
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

**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: 9400 SW 137th Avenue Operations, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000124522

**THIRD:** Document to be corrected is: Articles of Organization for 9400 SW 137th Avenue Operations, LLC

**(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:

Document failed to include the post effective date of 05/24/18.

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2018 AUG 17 AM 10:34

**OR**

The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

8/17/18  
Date

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)