

L190000126131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

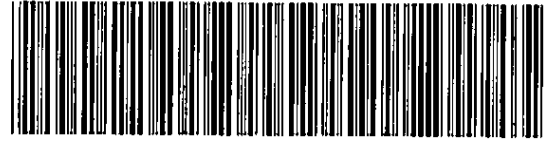
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900331384149

900331384149
06/06/19--01006--018 **25.00

FILED
2019 JUN -6 PM 12:06
STATE
TALLAHASSEE, FL

R. WHITE

JUL 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

JAMES E KEIM
4140 WOODMERE PARK BLVD
STE 4
VENICE, FL 34293

SUBJECT: SEMPERVIRENS HOLDINGS, LLC
Ref. Number: L19000126131

We have received your document for SEMPERVIRENS HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 319A00012733

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

2019 JUN -6 PM 1:35

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: Sempervirens Holdings, LLC

SECOND: The Florida Document number of the limited liability company is: L19000126131

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:

The Title of the authorized person / representative is incorrect. It incorrectly lists James E. Keim as "Manager."

The title of the authorized person / representative should be corrected.

The correct title of the authorized person / representative, James E. Keim, is: Member.

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.

James E. Keim 

June 3, 2019

Signature of Authorized Representative

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)