

# L1900149084

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000193132 3))



H190001931323ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEABRANCH PROPERTY SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D SCOTT

JUN 21 2019

19 JUN 20 PM 3:13

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

H19000193132 3

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: SEABRANCH PROPERTY SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L19000148084

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:

ARTICLE III INCORRECTLY LISTS THE REGISTERED AGENT NAME AS: STEPHEN M CRIPE. THE NAME SHOULD CORRECTLY READ STEVEN M CRIPE. ARTICLE IV INCORRECTLY LISTS THE AMBR NAME AS: STEPHEN M CRIPE. THE NAME SHOULD CORRECTLY READ STEVEN M CRIPE.

OR

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

[Blank lines for defectively signed details]

OR

The electronic transmission of the record was defective.

Signature of Authorized Representative [Signature] Date 6/20/19

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 [Signature]

H19000193132 3