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SECRETARY OF STATE

DEC 13 2021

COVER LETTER

TO: Registration Division of C					
	neapple Road, LLC		•		
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filing	<u> </u>		
Please return all corre	spondence concerning this n	natter to the following	<u>z</u> :		
Joseph L. Lindsay					
	Name of Person		-		
Lindsay Allen PLLC					
	Firm/Company		-		
13180 Livingston Ro	ad. Suite 206				
· · · · · ·	Address		-		
Naples, Florida 3410	9				
	City/State and Zip Code		-		
joe@naples.law					
E-mail address:	(to be used for future annual	report notification)	_		
For further information	on concerning this matter, ple	case call:			
Joseph L. Lindsay		239	593-7900		
Nan	ne of Person	at (Area Code	Daytime Telephone Number		
P.O. Box (on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check (for the following amount:				
SS\$5 Filing Fee	☐ S30 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. 9150 Pineapple Road, LLC FIRST: The name of the limited liability company is: 1.21000470571 The Florida Document number of the limited liability company is: ____ SECOND: Articles of Organization Document to be corrected is: 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: The name of the LLC is 9105 Pineapple Road, LLC. ORWas 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)